

# HI39 Transaction Process Functional Requirement Specifications Version 1.0

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# **1 INTRODUCTION**

CMS Net user's during the course of their work activities may obtain patient insurance carrier information. This insurance information is of value to the Third Party Liability (TPL) group. TPL can use the information in their cost avoidance and post payment cost recovery activities. The purpose of the HI39 Transaction Process is to provide TPL with patient insurance carrier information that CMS users have collected. CMS will forward insurance carrier information to TPL via HI39 transactions.

## **1.1 OBJECTIVES**

The objectives of the HI39 Transaction Process are:

- To enable CMS Net users to query and capture patient related Medi-Cal, Insurance Coverage, and Healthy Families information that currently exists on the MEDS/HIS database.
- To enable users to enter and maintain within CMS Net patient insurance carrier information.
- To enable CMS patient insurance carrier updates to be forwarded to ITSD for posting to the MEDS/HIS database.

## **1.2 ASSUMPTIONS/CONSTRAINTS**

- a) HI39 implementation is not dependent on and does not require Errors and Alerts functionality as specified in E47-308.
- b) The download of the TPL Insurance Carrier master file from ITSD to CMS on a once a month basis is sufficient.
- c) Reports (e.g. HI39 Error Report) that are required by TPL have been completed (designed, coded, implemented and, approved.)
- d) Existing documentation for system processes/components (e.g. MEDS 400/2100 transactions) that will be used to implement HI39 is accurate and complete.
- e) HI39 and GZ transactions will be aggregated and sent to ITSD in a single batch file.
- f) A technical specification will be produced in response to this document and will specify the "how to" and technical details of each of the HI39 Transaction Process components.

## **1.3 SCOPE**

This document specifies the high-level requirements that define the functionality that the HI39 Transaction Process must implement. Detail design specifications will be specified in follow-up documents.

Included within the development scope of HI39 are:

- a) The download of the TPL Insurance Carrier master file from ITSD to CMS.

- b) The capability to update the CMS Log File with downloaded Medi-Cal, Insurance Carrier and Healthy Families information.
- c) The capability to create and send MEDS 400 and 2100 transactions to ITSD.
- d) The capability to parse, and display on CMS screens information that is received from ITSD on MEDS 2150 and 2155 transactions.
- e) The capability to update the CMS database with downloaded Medi-Cal, Insurance Carrier and Healthy Families information.
- f) The capability to create and forward HI39 transactions to ITSD for posting to the HIS database.
- g) The capability to capture insurance carrier updates in the CMS Eligibility Log and display the update history to CMS users.

The following are not included within the development scope:

- a) Errors and Alerts (E47-308)
- b) CMS HI39 Reports

## **2 HI39 TRANSACTION PROCESS OVERVIEW**

CMS Net will be modified to enable CMS users to query and capture patient related Medi-Cal, Insurance Coverage, and Healthy Families information that currently exists on the HIS database. CMS Net will also be modified to enable users to enter and maintain in the CMS database the patient insurance carrier information that they've collected. The carrier information that is entered into CMS Net will also be forwarded to ITSD for posting to the HIS database via batch HI39 transactions.

### **MEDS 400/2100 Transactions**

CMS users will use the existing Search MEDS screen to query and capture patient Medi-Cal, Insurance Coverage and Healthy Families information that exists on the MEDS/HIS database. The CMS Search MEDS screen will create and forward to ITSD MEDS 400 and 2100 transactions that query the MEDS/HIS database. The information that is retrieved by the 400 and 2100 transactions will be returned to CMS by ITSD via MEDS 2150 & 2155 transactions.

### **MEDS 2150/55 Transactions**

If the MEDS 400/2100 query transactions were successful a 2150 transaction containing the requested information will be created and sent by ITSD to CMS. Once CMS receives the 2150 transaction it will be parsed and the information will be displayed on the appropriate CMS screens. Several new screens will be developed to display the information. The user will be able to save the displayed information to the CMS database and Log file via screen/menu options.

If the MEDS query is unsuccessful a 2155 transaction containing error information will be returned to CMS and a CMS error message will be displayed to the user.

### **HI39 Transactions**

CMS Net will also be modified to enable users to enter any patient insurance carrier information that they've collected. Insurance carrier updates that occur on CMS will be transmitted to ITSD for posting to the HIS database via HI39 transactions.

A new CMS Net process will run on a daily basis and identify the insurance carrier updates that have occurred, create the HI39 transactions and transmit them collectively as a batch file along with the "GZ" transactions to ITSD. ITSD in turn will post the transactions that are contained in the batch file. If an HI39 transaction fails, ITSD will generate an HI39 error report. If a transaction is successful, no notification will be printed or sent by ITSD.

Also, as insurance carrier updates are made by the user a history of the updates will be maintained in the CMS Eligibility Log.

## 2.1 HI39 TRANSACTION PROCESS COMPONENTS

The HI39 Transaction Process involves and impacts primarily the ITSD and CMS organizations. Process components must be created and or modified in each organizations respective systems environment. A component for the purposes of this document is defined as any key element of the overall HI39 process e.g. batch file, update process, etc. The HI39 Transaction Process consists of the following major components:

### ITSD

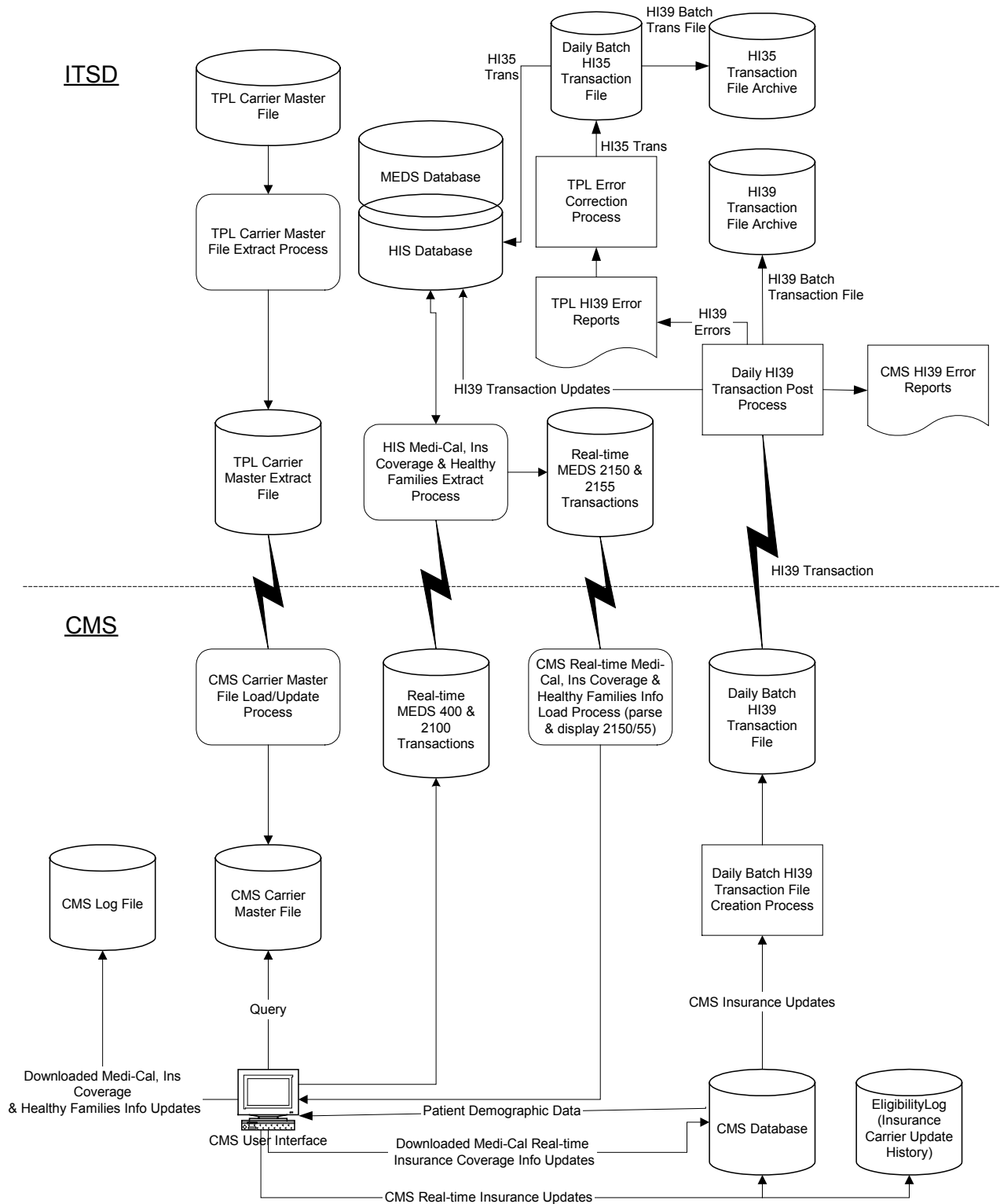
- TPL Carrier Master File
- TPL Carrier Master File Extract Process
- TPL Carrier Master Extract File
- TPL Carrier Master Extract File Transmission Process
- TPL Error Correction Process
- HIS Medi-Cal, Insurance Coverage & Healthy Families Extract Process
- HIS Database
- Real-time 2150 & 2155 Transactions
- Real-time 2150 & 2155 Transaction Transmission Process
- Daily HI39 Transaction Post Process
- Daily HI35 Transaction File
- HI39 Error Report
- HI39 Transaction Archive

### CMS

- CMS Carrier Master File Load/Update Process
- CMS Carrier Master File
- CMS User Interface
- CMS Log File
- Real-time MEDS 400 & 2100 Transactions
- CMS Real-time Medi-Cal, Insurance Coverage & Healthy Families Info Load Process
- CMS Database
- Eligibility Log (Carrier Update History)
- Daily Batch HI39 Transaction File Creation Process
- Daily Batch HI39 Transaction File Transmission Process

Figure 2-1, HI39 Transaction Process Overview is a hi-level view of the HI39 Transaction Process. The requirements of each of the components are specified in the requirements section of this document.

### Figure 2-1, HI39 Transaction Process Diagram





## **3 ITSD FUNCTIONAL REQUIREMENTS**

This section describes, at a functional level, the processes that will be developed and conducted by ITSD to support the HI39 transaction. ITSD has developed a detailed specification document, entitled “Specifications to Modify HIS for CMS Network / Enhancement 47 – CCS/GHPP Eligibility Phase 2”, which provides the detailed technical specifications for the processes described below.

### **3.1 TPL CARRIER MASTER FILE**

The TPL Carrier Master File contains the insurance carrier data that will be downloaded to CMS. No changes to the file data will be required as a part of this download process. The file will be downloaded to CMS and stored in the CMS database. Data from the Carrier Master File will be displayed on the CMS screens described in specification document E47-306, Medi-Cal, Insurance, and Healthy Families Coverage (CCS).

The master file should be downloaded monthly on the 1<sup>st</sup> of each month. The format of the file is presented in Appendix A.

### **3.2 TPL CARRIER MASTER FILE EXTRACT PROCESS**

ITSD will develop an automated process which extracts data from the TPL carrier master file. The output of the process will be the TPL Carrier Master Extract File, which will be transmitted electronically from ITSD to CMS Net. The file will be loaded and stored in CMS Net so that insurance carrier data can be retrieved and displayed on CMS screens.

#### Input

- TPL Carrier Master File

#### Process Requirements

- ITSD will extract the data elements specified in the carrier master file format in Appendix A.
- ITSD’s 300-byte file format will be used for this process.
- The file should contain a trailer record with information that will be used for FTP confirmation.
- The process will occur on the 1<sup>st</sup> of each month.

#### Output

- TPL carrier master extract file.

### **3.3 TPL CARRIER MASTER EXTRACT FILE**

The TPL carrier master file extract process will produce the TPL Carrier Master Extract File. The file will be created in ITSD's 300-byte file format and will include the data elements specified in Appendix A.

### **3.4 TPL CARRIER MASTER FILE TRANSMISSION**

The TPL Carrier Master Extract File will be transmitted to CMS via FTP. The transmission process should include any trailer records, reporting mechanisms, or other features required to verify the successful transmission of the file and to troubleshoot potential problems.

### **3.5 TPL MEDI-CAL, INS COVERAGE & HEALTHY FAMILIES EXTRACT PROCESS**

This process is triggered when MEDS receives 400 and 2100 transactions from CMS Net. Refer to Appendices B and C for the record layouts of the 400 and 2100 transactions, respectively. The data retrieved will be returned to CMS Net in the form of MEDS 2150 and 2155 transactions. These transactions will be discussed in the next subsection (3.6).

#### Input

- MEDS 400 and 2100 transactions (real time).

#### Process Requirements

- Retrieve medi-cal, insurance, and healthy families data on the selected patient from the HIS / MEDS databases.

#### Outputs

- MEDS 2150 and 2155 transactions.

### **3.6 2150 & 2155 TRANSACTIONS**

The MEDS 2150 and 2155 transactions will be created as a result of the 400 and 2100 transactions. If CMS Net sends a 400 and 2100 transaction to MEDS and the required data on the client is found in the HIS / MEDS database, the data will be extracted from MEDS and returned to CMS Net via a MEDS 2150 transaction. Refer to Appendix C for a record layout of the MEDS 2150 transaction.

If no data is found, an error will be sent from MEDS to CMS Net via a MEDS 2155 transaction. Errors will be produced if data is entered incorrectly (for example, numeric entries in alpha fields). The errors will be sent from MEDS and to CMS Net displayed on the CMS Net Search MEDS screen with an error code and a description of the error.

### 3.7 2150 & 2155 TRANSACTION TRANSMISSION

MEDS 2150 and 2155 transactions will be transmitted to CMS on a real time basis.

When CMS Net receives a MEDS 2150 transaction, CMS Net should display it on a series of four new screens which will be developed during eligibility Phase 2. These include the “Search MEDS” screen, the “View MEDS Medi-Cal Coverage Screen”, the “View MEDS Insurance Coverage” screen, and the “View MEDS Healthy Families Coverage” screen. Refer to specification document E47-306, Medi-Cal Insurance, and Healthy Families Coverage, for further details on these screens.

### 3.8 DAILY HI39 TRANSACTION POST PROCESS

Successful HI39 transactions will be posted to HIS via a batch update process on a daily basis. Transactions with errors will be reported on a series of reports that will be disseminated to CMS or TPL, depending on the error.

#### Input

- HI39 Transaction Batch File

#### Process Requirements

- Apply applicable edits to each transaction in the batch file.
- Apply applicable error handling routines to transactions that do not pass edits.
- Post transactions that pass edits to the HIS database.

*NOTE: Refer to Appendix D, CMS Error Log Table, for error conditions.*

#### Outputs

- HI39 error reports
- HIS insurance carrier updates.

### 3.9 HI39 ERROR REPORTS

HI39 transactions should not post to HIS if an error occurs. HI39 transaction errors will be reported on a series of reports produced during the transaction post process. In most cases, the error must be corrected before the transaction posts. Refer to Appendix D, CMS Error Log Table, for a listing of

the conditions under which an error will occur, the party responsible for correcting the error, and the report or file where the error will be reported. The Appendix also denotes how the error will be processed.

Prior to implementation of Client Eligibility Phase 2, CMS must determine the process and procedures for disseminating CMS error reports to the counties regional offices that generate transaction errors.

### **3.10 TPL ERROR CORRECTION PROCESS**

TPL will use the error reports produced in the above process to make corrections to the HI39 transaction errors. The corrections will be made using the HIS HIAR screen. Corrections to HI39 transactions will generate an HI35 transaction, which includes the corrected data. The HI35 transactions will be stored in a daily batch file that will be used to update HIS.

#### Input

- HI39 transaction errors.
- TPL HI39 error reports.

#### Process Requirements

- TPL will make manual corrections to data using the HIAR screen.

#### Outputs

- HI35 transactions.

### **3.11 HI39 TRANSACTION ARCHIVE**

The HI 39 transaction files will be stored in an on-line directory for 30 days. The files will be date and time stamped so they can be identified and retrieved if necessary.

### **3.12 DAILY BATCH HI35 TRANSACTION FILE**

HI35 transactions will be held in a daily batch file and applied to the HIS database.

### **3.13 HI35 TRANSACTION ARCHIVE**

The HI35 transaction files will be stored in an on-line directory for 30 days. The files will be date and time stamped so they can be identified and retrieved if necessary.

## **4 CMS FUNCTIONAL REQUIREMENTS**

### **4.1 CMS CARRIER MASTER FILE LOAD/UPDATE PROCESS**

The purpose of this process is to make the contents of the TPL Carrier master file available to the CMS environment, specifically, CMS display screens. The download of the TPL Insurance Carrier master file from ITSD to CMS will occur on a once a month basis.

#### **Input**

- TPL Carrier Master Extract File
- TPL Carrier Master Extract File contents are read only i.e. not updateable within the CMS environment.

#### **Process Requirements**

- The process will read the contents of the TPL Carrier Master Extract file and duplicate the entire contents into a new file that is in a format that is readable/usable by CMS software programs and display screens.
- The process will run on the 1<sup>st</sup> of each month.
- The process will run as an automated batch process.
- If the process fails and/or encounters error conditions a message should be communicated specifying the date and time of the failure/error and the description of the error encountered.
- The process must include a procedure that ensures that the entire TPL Carrier master file is received and processed properly e.g. an audit function that utilizes record counts, hash totals, etc.

#### **Output**

- CMS Carrier master file
- CMS Carrier master file contents are display only i.e. not updateable.

### **4.2 CMS CARRIER MASTER FILE**

The CMS Carrier master file will be produced by the CMS Carrier Master File Load/Update Process. The file will be used by CMS display screens to display insurance carriers who currently exist on the MEDS/HIS database.

- The file must be produced on the 1<sup>st</sup> of every month.
- The file must contain the same content as the TPL Carrier master file.
- The file must be created and maintained in a format that is readable/usable by CMS software programs and display screens.
- The file must have a means to ensure file integrity e.g. a header/control record that contains record counts, hash totals, etc.
- The file must be read-only.

## 4.3 CMS CARRIER MASTER FILE QUERY/ACCESSIBILITY

The CMS carrier master file must be accessible to CMS display screens via queries. The purpose of the query is to retrieve CMS Carrier master file information for display on CMS screens. An insurance carrier lookup field on a CMS display screen will initiate a query to the carrier master file. The query will return the carrier data in the form of a pick-list of insurance carrier names and associated information.

- All queries to the CMS Carrier master file must be read-only.
- The carrier master file queries can be invoked from the CMS display screens.
- If a query fails and/or encounters error conditions a message should be communicated specifying the time of the failure/error and the description of the error encountered.

## 4.4 CMS USER INTERFACE

Refer to the Medi-Cal, Insurance, and Healthy Families Coverage (E47-306) document for information concerning the user interface.

## 4.5 CMS LOG FILE

The CMS Log File is used to store the data that is returned on the MEDS 2150 transaction. The data that is saved is a snapshot of the 2150 transaction data as of the date and time that the “save” is performed. The “save” of the data will be optional i.e. the user will have the option from a CMS screen/menu to save the data to the log file.

- The file will contain snapshots of the 2150 transaction data as of the date and time that the “save” is performed.
- The saved data must be accessible/viewable to a user via existing “Event Tracking” functionality. Refer to the Eligibility Tracking and Display Eligibility Log (E47-307) document for additional information.
- The Log File format and maintenance requirements are the same as they are today i.e. the same as in Client Eligibility functionality.

## 4.6 REAL-TIME MEDS 400 & 2100 TRANSACTIONS

MEDS 400 and 2100 transactions will be used to request patient Medi-Cal, Insurance Coverage, and Healthy Families information that exists on MEDS/HIS. To invoke the transactions users will use the existing CMS Search MEDS screen. The Search MEDS screen will create MEDS 400 and 2100 transactions that query the MEDS/HIS database.

- The transactions must be created on a real time basis.
- The transactions will be invoked from the CMS Search MEDS screen.

- The information that is retrieved by the 400 and 2100 transactions will be returned to CMS by ITSD via MEDS 2150 & 2155 transactions.
- The transaction format and behavior requirements are the same as they are today i.e. the same as in Client Eligibility functionality.

## **4.7 REAL-TIME MEDI-CAL, INSURANCE COVERAGE, & HEALTHY FAMILIES INFO LOAD PROCESS**

The purpose of this process is to parse the data that is returned on the MEDS 2150 and 2155 transactions and then display it on CMS screens. If the MEDS 400/2100 query transactions were successful a 2150 transaction containing the requested information will be created and sent by ITSD to CMS. Once CMS receives the 2150 transaction it will be parsed and the information displayed on the appropriate CMS screens. If the MEDS query is unsuccessful a 2155 transaction will be returned to CMS and a CMS error message will be displayed to the user.

### Input

- MEDS 2150 Transaction (success)
- MEDS 2155 Transaction (error)
- Transaction contents are read only i.e. not updateable.

### Process Requirements

- The process will read the contents of the MEDS 2150/55 transactions, parse the data and then display the information on CMS display screens.
- The process will run real-time.
- The user will optionally be able to save the displayed MEDS 2150 information to the CMS database and Log File via CMS screen/menu selections.
- If the process fails and/or encounters error conditions a message should be communicated specifying the date/time of the failure/error and a description of the error encountered.

### Output

- CMS Display Screens

## **4.8 DAILY BATCH HI39 TRANSACTION FILE CREATION PROCESS**

The purpose of this process is to create HI39 transactions from insurance carrier updates that have been made on the CMS database. Insurance carrier updates that occur on CMS will be transmitted to ITSD in a batch file for posting to the MEDS/HIS database. ITSD in turn will post the transactions that are contained in the batch file to MEDS/HIS.

### Input

- CMS database (insurance carrier data updates)

### Process Requirements

- The process will identify the insurance carrier updates that have occurred since the last time the process ran.
- The process will create HI39 transactions for all insurance carrier updates that have occurred since the last running of the process and aggregate the transactions with any “GZ” transactions that have been created into a single batch transaction file.
- The transaction file must be created and maintained in a format that is readable/usable by ITSD software programs.
- The HI39 transaction file will be transmitted daily to ITSD.
- The process will run each day.
- The process will run as an automated batch process.
- If an HI39 transaction fails posting at ITSD, ITSD will generate an HI39 error report.
- If an HI39 transaction posts successfully at ITSD, ITSD will not print or send a success notification.
- If the process fails and/or encounters unexpected error conditions a message must be communicated specifying the time of the failure/error and the description of the error encountered.

### Output

- HI39 Transaction File

## **4.9 DAILY BATCH HI39 TRANSACTION FILE**

The HI39 transaction file will be produced by the HI39 Transaction File Creation Process. ITSD will post the transactions that are contained in the file to MEDS/HIS.

- The file will contain transactions that reflect the CMS insurance carrier updates that have occurred since the last creation of the file.
- The file must be produced every day.
- The file must be created and maintained in a format that is readable/usable by ITSD software programs.
- The file must have a means to ensure file integrity e.g. a header/control record that contains record counts, hash totals, etc.

## **4.10 DAILY BATCH HI39 TRANSACTION TRANSMISSION**

Each day HI39 transactions will along with the GZ transactions be transmitted to CMS daily on a batch basis. The transmission process must include any trailer records, reporting mechanisms, or other features required to verify the successful transmission of the file, or troubleshoot potential problems.



#### **4.11 ELIGIBILITY LOG (INSURANCE CARRIER UPDATE HISTORY)**

The Eligibility Log File will be used to store historical changes that have been made to insurance carrier data. As insurance carrier updates are made on CMS a history of the changes will be maintained in the CMS Eligibility Log. The user will have the capability to view the changes via existing Eligibility Log functionality.

- All CMS insurance carrier updates must be maintained/tracked in the Log file.
- All CMS insurance carrier update history must be viewable to the end-user via a CMS screen(s.)

Refer to the Eligibility Tracking and Display Eligibility Log (E47-307) document for additional information.

### **5 REPORTS**

No reports are planned/required to be produced in the CMS environment. ITSD reports that are required have been completed.

## **APPENDIX A – CARRIER MASTER FILE LAYOUT**

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### Carrier Master File – Data Record

Field Name	Field Start Col.	Field Length	Comments
Carrier Code	1	4	First character is alphabetic; characters two through four are alphanumeric.
Last Change Date	5	8	Format is CCYYMMDD
Status Code	13	1	Values are: “A” – Active “H” – HMO “P” – Suspended
Tape Billing Flag	14	1	Value is SPACES (Not applicable to CCS/GHPP)
Tape Response Flag	15	1	Value is SPACES (Not applicable to CCS/GHPP)
OHC Code	16	1	Values are: “A” – Pay and Chase “V” – Fee for Service Cost Avoidance “C”, “F”, “K”, “L”, “P”, “9” – HMO Cost Avoidance See note 4 below.
Carrier Name 1	17	30	
Carrier Name 2	47	30	
Carrier Address Line 1	77	30	
Carrier Address Line 2	107	30	
Carrier Address Line 3	137	30	
Carrier City	167	23	
Carrier State	190	2	
Carrier Zip Code	192	5	
Carrier Zip+4	197	4	
Carrier Attention	201	30	
Carrier Phone	231	10	
Carrier Footnotes 1	241	30	
Carrier Footnotes 2	271	30	

**Notes:**

- 1) Fields without a value will contain SPACES.
- 2) File format is Fixed Block, record length is 300.
- 3) All fields are alphanumeric.
- 4) OHC Code of “L” is dental only. See MEDS Quick Reference for OHC code values.

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### Carrier Master File – Data Record

Field Name	Field Start Col.	Field Length	Comments
FILLER	1	4	Value is SPACES
Total number of Carrier detail records	5	9	Format is 999999999.
FILLER	14	287	Value is SPACES

## APPENDIX B – MEDS 400 TRANSACTION LAYOUT

### DATA DICTIONARY – '0100', '0101', '0200', '0201', '0300', '0400', '0500'

The CATS/SCI data dictionary defines the elements and relative positions for CATS/SCI transaction types '0100', '0101', '0200', '0201', '0300', '0400', and '0500'.

1. The source of some elements may come from state-based systems, e.g.:  
CIN (Statewide Client Index Number)  
BIC (Benefits Identification Card)  
BIC issue date
2. Refer to the *CATS Code Tables* for CATS defined standardized field values. Most of these values follow current conventions followed by other State agencies.
3. Data elements #1-6 are specific to transactions.
4. The column labeled **STATE SYSTEM** denotes where users may find further information. Other state systems' documentation is the intended resource.
5. Depending on the transaction, data elements are stored in CATS and SCI databases.

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
1	Program	4	Program Code			KATS KEDS
2	Department	3	State Department Code  This value will always be "DHS" for this system			DHS
3	System	2	ID of the agency originating or receiving the transaction			16, 21, 23, 29, 36, 37, 63 HF, CS, GH
4	User ID	1,8	ID of person originating or receiving the transaction  Format = Free form text			TJONES
5	Transaction ID	4	Transaction Code  Identifies the intended transaction type			0100
6	Message	0,792	Used to return edit and processing messages, POS, and eligibility messages			
7	CIN	9,10	Client Index Number  Format = 99999999A  The state always assigns this number; this is a unique identifier for individuals in DHS programs  (It may include a CIN check digit)	SCI System		12345678C

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
8	BIC Number	9,10	Benefit card identification number  May be SSN plus a check digit or CIN plus a check digit  Use this field to query for an individual when the CIN is unknown	MEDS System		12345678C2
9	BIC Issue Date	10	Date of BIC issue  Format = MM/DD/CCYY	MEDS System		08/09/1994
10	SSN	9	Social security number, without dashes  Format = 999999999			123456789
11	Current First	1,15	Current legal first name			HAROLD
12	Current Middle	1,15	Current legal middle name			WILLIAM
13	Current Last	1,20	Current legal last name			SMALL
14	Current Appellation	1,3	Current legal appellation, e.g. Jr., III, etc.			JR
15	Birth First	1,15	First name given at birth as appears on birth certificate			TIMOTHY
16	Birth Middle	1,15	Middle name given at birth as appears on birth certificate			KEVIN
17	Birth Last	1,20	Last name given at birth as appears on birth certificate			BIGGS
18	Birth Appellation	1,3	Appellation given at birth, e.g., Jr., III			JR
19	Date of Birth	10	Date of birth  Format = MM/DD/CCYY			06/17/1962
20	County of Birth	2	County where birth occurred		1	20

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
21	State of Birth	2	State where birth occurred		2	MO
22	Country of Birth	2	Country where birth occurred		3	UK
23	Country of Birth - Other Specified	1,20	Country where birth occurred  Free form text if code for "Other Specified" is used			BELARUS
24	Gender	1	Female = F  Male = M  Unknown = U		4	M
25	Race/Ethnicity	1,2	Self reported from client  Matched to list of standard 2 digit codes  (Only Healthy Families, CCS, and GHPP are allowed to use the MEDS ethnicity codes, in Table 10, for CATS/SCI transactions)		5	3
26	Race/Ethnicity - Other Specified	1,20	Race/Ethnicity free form text if code for "Other Specified" is used			MIXED
27	Hispanic	1	Breakdown of Hispanic ethnic type  Self reported from client		6	2
28	Marital Status	1	Individual's marital status		8	S
29	Mother's First	1,15	First name of client's mother			MARIA
30	Mother's Middle	1,15	Middle name of client's mother			JENNIFER
31	Mother's Last	1,20	Last name of client's mother			SMITH
32	Mother's Maiden	1,20	Maiden name of client's mother			TUCKER



<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
33	Mother's Race/Ethnicity	2	Self reported from client  Matched to list of standard 2 digit codes		5	3
34	Mother's Race/Ethnicity - Other Specified	1,20	Mother's race/ethnicity free form text if code for "Other Specified" is used			
35	Mother's Hispanic	1	Breakdown of Hispanic ethnic type  Self reported from client		6	2
36	Father's First	1,15	First name of client's father			JOSEPH
37	Father's Middle	1,15	Middle name of client's father			ANTHONY
38	Father's Last	1,20	Last name of client's father			SMALL
39	Father's Appellation	1,3	Appellation of father, e.g., Jr., III			JR
40	Father's Race/Ethnicity	2	Self reported from client  Matched to list of standard 2 digit codes		5	3
41	Father's Race/Ethnicity - Other Specified	1,20	Father's race/ethnicity free form text if code for "Other Specified" is used			
42	Father's Hispanic	1	Breakdown of Hispanic ethnic type  Self reported from client		6	2
43	CATS County of Residence	2	County code of last county of client residence		1	20
44	ZIP Code	5, 9	Zip code of residence of client  Homeless = 00000  Unknown = 99999			12345
45	County of Last Service	2	County code of last county in which client sought service		1	21

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
46	Date of Service	10	Date of the most recent client encounter including the current date  Not the date the client's record was last accessed			12/01/1995
47	Medi-Cal Status	1	Client's MediCal eligibility status (Y/N)			Y
48	Consent Flag	1	Consent to share data is in effect (Y/N)			Y
49	Date of Consent	10	Last obtained consent date  Format = MM/DD/CCYY  (Must be within 365 days in order to share data with CATS)			01/01/1995
50	Education Level	2	Last grade of school completed  None = 00  Unknown = 99			01, 02, 12, etc.
51	Federal Poverty Level	3	Federal poverty level percentage calculation			120
52	Family Income	4	Gross monthly family income (whole dollars)			1420
53	Family Size	2	Number in family			6
54	MEDS Flag	1	Known to MEDS flag			Y
55	SAWS Flag	1	Known to SAWS flag			N
56	CATS Flag	1	Known to CATS flag			Y
57	GHPP Flag	1	Known to GHPP flag			N

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
58	ISIS Flag	1	Known to ISIS (WIC) flag (not in current use)			Y
59	Provider ID	9	Provider ID for eligibility transaction			
60	Provider PIN	7	Provider PIN for eligibility transaction			
61	BIC/HAP Date of Service	10	Date of service for eligibility transaction Format = MM/DD/CCYY			01/01/1997
62	Aid Code	2	Aid code returned by eligibility transaction	MEDS System		
63	Live Births	2	Number of live births (FPACT)			
64	Healthy Families Flag	1	Known to Healthy Families flag			Y
65	CMS Flag	1	Known to CMS flag			Y
66	HAP ID	10	HAP number including check digit (FPACT)			
67	Language	2	Primary language of client (FPACT)		7	
68	FPACT Confidential Flag	1	Confidentiality of FPACT services Y = no mail or telephone contact N = mail/telephone contact ok			Y or N
69	Clinic Type AKA Service Type	2	Type of clinic from which the client is receiving services for the current visit		9	

<b>CATS/SCI DATA DICTIONARY</b> <b>'0100', '0101', '0200', '0201', '0300', '0400', '0500'</b>						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
70	HAP Issue Date	10	Reserved for when issue date is other than 01/06/1997  Format = MM/DD/CCYY			01/06/1997
71	SCI SSN Verification Code	1	Indicates if SSA has verified the SSN	SCI System		
72	SCI Date of Birth Verification Code	1	Indicates if the date of birth was verified	SCI System		
73	Search Indicator	1	Search key used by SCI, when a match is found		14	
74	Field 74		Reserved for future use			
75	Field 75		Reserved for future use			
76	Time Stamp	14	The state generates a time stamp when a record is created or updated  This value may be useful for the local application, but is primarily for the state's records  Format = CCYYMMDDHHMMSS			19950101122322

## **APPENDIX C – MEDS 2100 2150 2155** **TRANSACTION RECORD LAYOUT**

# DATA DICTIONARY – '2100' '2150' '2155'

## '2400'

The CATS/MEDS/HIS data dictionary defines the elements and relative positions for the CATS/MEDS/HIS transaction type '2100' and '2400'

The source of some elements may come from state-based systems, e.g.:

1. CIN (Statewide Client Index Number)
2. BIC (Benefits Identification Card)
3. BIC issue date

Refer to the *CATS Code Tables* for CATS defined standardized field values. Most of these values follow current conventions followed by other State agencies.

Data elements #1-6 are specific to transactions.

The column labeled **STATE SYSTEM** denotes where users may find further information. Other state systems' documentation is the intended resource.

Depending on the transaction, data elements are stored in CATS, SCI, MEDS, or the HIS databases.

Where possible CATS uses MEDS system data element numbers. The data element number begins with a leading indicator "M" identifying the source system. These numbers are included within the data element name.

Required fields and values are listed in the HFAV Transactions to MEDS/HIS/CATS document and other MEDS documentation.

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
1	Program	4	Program Code			KATS KEDS
2	Department	3	State Department Code This value will always be "DHS" for this system			DHS
3	System	2	ID of the agency originating or receiving the transaction			21, 36, 37 HF, CS
4	User ID	1,8	ID of person originating or receiving the transaction  Format = Free form text			TJONES
5	Transaction ID	4	Transaction Code  Identifies the intended transaction type			0100
6	Message	0,792	Used to return edit and processing messages, POS, and eligibility messages			
7	Source System CIN	9,10	Client Index Number Format = 99999999A  The state always assigns this number; this is a unique identifier for individuals in DHS programs  (It may include a CIN check digit)	SCI System		12345678C

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
8	Source System BIC Number	9,10	Benefit card identification number  May be SSN plus a check digit or CIN plus a check digit  Use this field to query for an individual when the CIN is unknown	MEDS System		12345678C2
9	Statewide Client Index (SCI) MEDS-ID, MEDS-id Check Digit, or SSN	9,10	Recipient's identifier used by MEDS  SSN or pseudo-SSN	MEDS System		
10	Source System SSN or MEDS-id, MEDS-id Check-digit	9,10	Social security number, without dashes  Format = 999999999			123456789
11	Source System County-ID	14	An identifier used by county systems	MEDS System		
12	Source System Date of Birth	8	Client Date of Birth			
13	Source System Sex	1	Client gender			
14	Source System County of Residence	2	California county of residence			
15	M2625 -- Known to CMS Indicator	1	Indicates known to CMS	MEDS		
16	M2626 -- CMS Notification Indicator	1	Indicates CMS active and alerts status	MEDS		



## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
17	ID used for MEDS Inquiry	9,14	Must be one of the following:  BIC MEDS-ID CIN SSN COUNTY-ID			
18	Source System Customer Key	9	An ID specific to vendor/county			
19	Month/Year of Eligibility Selected	6	Selected month and year of eligibility  Format = CCYYMM			
20	M0106 - MEDS SSN Verification Code	1	This code indicates whether a recipient has an SSN and the status of that SSN validated by SSA	MEDS System		
21	M0128 - MEDS Date of Birth Verification Code	1	Indicates if the date of birth has been verified	MEDS System		
22	M0140 - MEDS Date of Birth	8	Recipient's date of birth  Format = CCYYMMDD	MEDS System		
23	M0110 - MEDS Sex	1	Recipient's sex code	MEDS System		
24	M0115 - MEDS Ethnicity	1,2	Recipient's ethnicity code	MEDS System		
25	M0120 - MEDS Language	1,2	Recipient's language	MEDS System		
<b>MEDS RESIDENCE ADDRESS</b>						
26	M0310 - C/O Line	38	Recipient's address - c/o line	MEDS System		
27	M0315 - Street Address	50	Recipient's address - street line	MEDS System		

CATS/MEDS/HIS DATA DICTIONARY						
'2100' / '2400'						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
28	M0320 - City	20	Recipient's address - city	MEDS System		
29	M0322 - State	2	Recipient's address - state	MEDS System		
30	M0325 - Zip Code	5	Recipient's address - zip code	MEDS System		
31	M0326 - Zip+4	4	Recipient's address - zip+4	MEDS System		
MEDS MAILING ADDRESS						
32	M2707 - C/O Line	38	Recipient's address - c/o line	MEDS System		
33	M2710 - Street Address	50	Recipient's address - street line	MEDS System		
34	M2721 - City	20	Recipient's address - city	MEDS System		
35	M2722 - State	2	Recipient's address - state	MEDS System		
36	M2723 - Zip Code	5	Recipient's address - zip code	MEDS System		
37	M2724 - Zip+4	4	Recipient's address - zip+4	MEDS System		
5.1.1.1.1 MEDS CURRENT NAME				5.1.1.1.2		
38	M0131 - Last	20	Recipient's last name	MEDS System		
39	M0132 - First	15	Recipient's first name	MEDS System		
40	M0133 - Middle Initial	1	Recipient's middle initial	MEDS System		
41	M0134 - Suffix	3	Recipient's suffix	MEDS System		
42	M0350 - Phone Number	10	Recipient's phone number	MEDS System		
43	M0176 - MEDS County of Residence	2	Recipient's residence county Valid values 01-58	MEDS System	1	

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
44	M9020 - Application Date, M3024 Application Flag	8, 9	The date the completed MediCal application for a person/family is received by the county  Format = CCYYMMDD and if present the Application Flag	MEDS System		
45	M0125 - Government Responsibility Code	1	Identifies which government agency is responsible for the most recent MediCal status information	MEDS System		
46	M2045 - Notice of Action (NOA) Date	8	Date the client was sent notification eligibility is ending  Format = CCYYMMDD	MEDS System		
47	M2049 - NOA Type	2	Type of notice sent to client	MEDS System		
48	M2050 - SSI Appeal Date	8	Date client filed appeal with SSA  Format = CCYYMMDD	MEDS System		
49	M2055 - SSI Appeal Status	1	Status of client's SSA appeal	MEDS System		
50	M2009 - Refugee Alien Indicator	1	Identifies whether the individual is in a special alien status category	MEDS System		
51	M2033 - Alien Eligibility Code	1	Indicates Welfare Reform or 8-96 impact	MEDS System		
52	M2034 - Alien Sponsor Code	1	Status of alien's sponsor and deeming	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
53	M2005 - Date of Entry	6	Identifies the reported or presumed month and year of residence in the US  Format = CCYYMM	MEDS System		
54	M0180 - MEDS Current Month Year	6	This date indicates which calendar month that MEDS current month information is associated  Format = CCYYMM	MEDS System		
55	Source System Client Last Name	28	Client Last Name			
56	Source System Client First Name	28	Client First Name			
57	Source System Client Middle Initial	1	Client Middle Initial			
58	Source System C/O line	38	Client Address c/o line			
59	Source System Street Address	50	Client Address Street			
60	Source System City	20	Client Address city			
61	Source System State	2	Client address state			
62	Source System Zip Code	5	Client address Zip			
63	Source System Zip+4	4	Client Address zip+4			

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
64	Time Stamp	14	The state generates a time stamp when a record is created or updated  This value may be useful for the local application, but is primarily for the state's records  Format = CCYYMMDDHHMMSS			19950101122322
65	M104 MEDS MEDS-ID	9	MEDS Meds-id	MEDS		
66	M107 MEDS Active CIN	9	MEDS CIN on MEDS record			
67	M2015 Date of Death	8	Death date of client  Format CCYYMMDD			
68	FINALIST county of residence calculated from Source system Address	2	California county or '99' out of state	MEDS		
5.1.1.1.3 MEDS CURRENT MONTH YEAR OR SELECTED MONTH YEAR OF ELIGIBILITY				5.1.1.1.4		
69	County Of Responsibility	2	Identifies the county for the recipient's application  Valid values 01-58	MEDS System	1	
70	Other Health Coverage Code	1	Identifies the recipient's private health care coverage	MEDS System		
71	Other Health Coverage Source Code	1	Identifies the source of the most recent change to OHC field	MEDS System		
72	Medicare Status Code	2	Reflects recipient's Medicare Part A and Part B entitlement status	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
73	Share Of Cost (SOC) Amount	5	Certain recipients are obligated to meet a share of the medical cost	MEDS System		
74	SOC Cert Day	2	The day of the month that the share of medical costs was met	MEDS System		
75	Primary Termination Date	8	The date that a recipient's MediCal eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
76	Primary Termination Reason	2	Reason a recipient was terminated from MediCal	MEDS System		
77	Primary Aid Code	2	Identifies program eligibility	MEDS System		
78	Primary Eligibility	3	A 3 position code which reflects eligibility status	MEDS System		
79	Special 1 Termination Date	8	The date that a recipient's Special Program 1 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
80	Special 1 Termination Reason	2	Reason recipient terminated from Special Program 1	MEDS System		
81	Special 1 Aid Code	2	Identifies program eligibility	MEDS System		
82	Special 1 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
83	Special 2 Termination Date	8	The date that a recipient's Special Program 2 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
84	Special 2 Termination Reason	2	Reason recipient terminated from Special Program 2	MEDS System		
85	Special 2 Aid Code	2	Identifies program eligibility	MEDS System		
86	Special 2 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
87	Special 3 Termination Date	8	The date that a recipient's Special Program 3 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
88	Special 3 Termination Reason	2	Reason recipient terminated from Special Program 3	MEDS System		
89	Special 3 Aid Code	2	Used to report the IRCA/OBRA aid code	MEDS System		
90	Special 3 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
91	Health Care Plan Code 1	3	Identifies the MediCal related Prepaid Health Plan 1	MEDS System		
92	Health Care Plan Status 1	2	Identifies a recipient's enrollment status in associated Plan 1	MEDS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
93	Health Care Plan Code 2	3	Identifies the MediCal related Prepaid Health Plan 2	MEDS System		
94	Health Care Plan Status 2	2	Identifies a recipient's enrollment status in associated Plan 2	MEDS System		
95	Health Care Plan Code 3	3	Identifies the MediCal related Prepaid Health Plan 3	MEDS System		
96	Health Care Plan Status 3	2	Identifies a recipient's enrollment status in associated Plan 3	MEDS System		
97	Health Care Plan Code 4	3	Identifies the MediCal related Prepaid Health Plan 4	MEDS System		
98	Health Care Plan Status 4	2	Identifies a recipient's enrollment status in associated Plan 4	MEDS System		
99	Health Care Plan Code 5	3	Identifies the MediCal related Prepaid Health Plan 5	MEDS System		
100	Health Care Plan Status 5	2	Identifies a recipient's enrollment status in associated Plan 5	MEDS System		
101	HF In Day	2	Day HF eligibility begins if other than first day of month	MEDS System		
102	HF Out Day	2	Day HF eligibility ends if other than last day of month	MEDS System		
103	ST FED Indicator	1	Future use	MEDS System		
104	Primary Case Number	10	Part of county-id	MEDS		
105	Special 1 county and case number	12	Part of county-id	MEDS		
106	Special 2 county and case number	12	Part of county-id	MEDS		



## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
107	Special 3 county and case number	12	Part of county-id	MEDS		
108	Food Stamp eligibility code	1	Indicates if client receives FS	MEDS		
109	Filler					
5.1.1.1.5 MEDS PENDING MONTH YEAR OF ELIGIBILITY or SELCTED MONTH OF ELIGIBILITY PLUS ONE				5.1.1.1.6		
110	County Of Responsibility	2	Identifies the county for the recipient's application  Valid values 01-58	MEDS System	1	
111	Other Health Coverage Code	1	Identifies the recipient's private health care coverage	MEDS System		
112	Other Health Coverage Source Code	1	Identifies the source of the most recent change to OHC field	MEDS System		
113	Medicare Status Code	2	Reflects recipient's Medicare Part A and Part B entitlement status	MEDS System		
114	Share Of Cost (SOC) Amount	5	Certain recipients are obligated to meet a share of the medical cost	MEDS System		
115	SOC Cert Day	2	The day of the month that the share of medical costs was met	MEDS System		
116	Primary Termination Date	8	The date that a recipient's MediCal eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
117	Primary Termination Reason	2	Reason a recipient was terminated from MediCal	MEDS System		
118	Primary Aid Code	2	Identifies program eligibility	MEDS System		
119	Primary Eligibility	3	A 3 position code which reflects eligibility status	MEDS System		
120	Special 1 Termination Date	8	The date that a recipient's Special Program 1 eligibility in a specific aid category ends Format = CCYYMMDD	MEDS System		
121	Special 1 Termination Reason	2	Reason recipient terminated from Special Program 1	MEDS System		
122	Special 1 Aid Code	2	Identifies program eligibility	MEDS System		
123	Special 1 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
124	Special 2 Termination Date	8	The date that a recipient's Special Program 2 eligibility in a specific aid category ends Format = CCYYMMDD	MEDS System		
125	Special 2 Termination Reason	2	Reason recipient terminated from Special Program 2	MEDS System		
126	Special 2 Aid Code	2	Identifies program eligibility	MEDS System		
127	Special 2 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
128	Special 3 Termination Date	8	The date that a recipient's Special Program 3 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
129	Special 3 Termination Reason	2	Reason recipient terminated from Special Program 3	MEDS System		
130	Special 3 Aid Code	2	Used to report the IRCA/OBRA aid code	MEDS System		
131	Special 3 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
132	Health Care Plan Code 1	3	Identifies the MediCal related Prepaid Health Plan 1	MEDS System		
133	Health Care Plan Status 1	2	Identifies a recipient's enrollment status in associated Plan 1	MEDS System		
134	Health Care Plan Code 2	3	Identifies the MediCal related Prepaid Health Plan 2	MEDS System		
135	Health Care Plan Status 2	2	Identifies a recipient's enrollment status in associated Plan 2	MEDS System		
136	Health Care Plan Code 3	3	Identifies the MediCal related Prepaid Health Plan 3	MEDS System		
137	Health Care Plan Status 3	2	Identifies a recipient's enrollment status in associated Plan 3	MEDS System		
138	Health Care Plan Code 4	3	Identifies the MediCal related Prepaid Health Plan 4	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
139	Health Care Plan Status 4	2	Identifies a recipient's enrollment status in associated Plan 4	MEDS System		
140	Health Care Plan Code 5	3	Identifies the MediCal related Prepaid Health Plan 5	MEDS System		
141	Health Care Plan Status 5	2	Identifies a recipient's enrollment status in associated Plan 5	MEDS System		
142	HF In Day	2	Day HF eligibility begins if other than first day of month	MEDS System		
143	HF Out Day	2	Day HF eligibility ends if other than last day of month	MEDS System		
144	ST FED Indicator	1	Future use	MEDS System		
145	Primary Case Number	10	Part of county-id	MEDS		
146	Special 1 county and case number	12	Part of county-id	MEDS		
147	Special 2 county and case number	12	Part of county-id	MEDS		
148	Special 3 county and case number	12	Part of county-id	MEDS		
149	Food Stamp eligibility code	1	Indicates if client receives FS	MEDS		
150	Filler					
5.1.1.1.7 MEDS FIRST PRIOR MONTH YEAR OF ELIGIBILITY OR SELECTED MONTH OF ELIGIBILITY MINUS ONE				5.1.1.1.8		
151	County Of Responsibility	2	Identifies the county for the recipient's application  Valid values 01-58	MEDS System	1	
152	Other Health Coverage Code	1	Identifies the recipient's private health care coverage	MEDS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
153	Other Health Coverage Source Code	1	Identifies the source of the most recent change to OHC field	MEDS System		
154	Medicare Status Code	2	Reflects recipient's Medicare Part A and Part B entitlement status	MEDS System		
155	Share Of Cost (SOC) Amount	5	Certain recipients are obligated to meet a share of the medical cost	MEDS System		
156	SOC Cert Day	2	The day of the month that the share of medical costs was met	MEDS System		
157	Primary Termination Date	8	The date that a recipient's MediCal eligibility in a specific aid category ends Format = CCYYMMDD	MEDS System		
158	Primary Termination Reason	2	Reason a recipient was terminated from MediCal	MEDS System		
159	Primary Aid Code	2	Identifies program eligibility	MEDS System		
160	Primary Eligibility	3	A 3 position code which reflects eligibility status	MEDS System		
161	Special 1 Termination Date	8	The date that a recipient's Special Program 1 eligibility in a specific aid category ends Format = CCYYMMDD	MEDS System		
162	Special 1 Termination Reason	2	Reason recipient terminated from Special Program 1	MEDS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
163	Special 1 Aid Code	2	Identifies program eligibility	MEDS System		
164	Special 1 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
165	Special 2 Termination Date	8	The date that a recipient's Special Program 2 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
166	Special 2 Termination Reason	2	Reason recipient terminated from Special Program 2	MEDS System		
167	Special 2 Aid Code	2	Identifies program eligibility	MEDS System		
168	Special 2 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		
169	Special 3 Termination Date	8	The date that a recipient's Special Program 3 eligibility in a specific aid category ends  Format = CCYYMMDD	MEDS System		
170	Special 3 Termination Reason	2	Reason recipient terminated from Special Program 3	MEDS System		
171	Special 3 Aid Code	2	Used to report the IRCA/OBRA aid code	MEDS System		
172	Special 3 Eligibility	3	A 3 position code which reflects eligibility status, ID card issuance status, etc.	MEDS System		

## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
173	Health Care Plan Code 1	3	Identifies the MediCal related Prepaid Health Plan 1	MEDS System		
174	Health Care Plan Status 1	2	Identifies a recipient's enrollment status in associated Plan 1	MEDS System		
175	Health Care Plan Code 2	3	Identifies the MediCal related Prepaid Health Plan 2	MEDS System		
176	Health Care Plan Status 2	2	Identifies a recipient's enrollment status in associated Plan 2	MEDS System		
177	Health Care Plan Code 3	3	Identifies the MediCal related Prepaid Health Plan 3	MEDS System		
178	Health Care Plan Status 3	2	Identifies a recipient's enrollment status in associated Plan 3	MEDS System		
179	Health Care Plan Code 4	3	Identifies the MediCal related Prepaid Health Plan 4	MEDS System		
180	Health Care Plan Status 4	2	Identifies a recipient's enrollment status in associated Plan 4	MEDS System		
181	Health Care Plan Code 5	3	Identifies the MediCal related Prepaid Health Plan 5	MEDS System		
182	Health Care Plan Status 5	2	Identifies a recipient's enrollment status in associated Plan 5	MEDS System		
183	HF In Day	2	Day HF eligibility begins if other than first day of month	MEDS System		
184	HF Out Day	2	Day HF eligibility ends if other than last day of month	MEDS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
185	ST FED Indicator	1	Future use	MEDS System		
186	FILLER	0,10				
187	Special 1 county	2,12	Part of county-id	MEDS		
188	Special 2 county	2,12	Part of county-id	MEDS		
189	Special 3 county	2,12	Part of county-id	MEDS		
190	Food Stamp eligibility code	1	Indicates if client receives FS			
191	Filler					
192	Number Of Health Insurance Segments Count	2	Number of health insurance segments on the transaction	HIS System		01
<b>HEALTH INSURANCE SEGMENT 1</b>						
193	Carrier Name	30	Health insurance carrier name	HIS System		
194	Carrier Code	4	Health insurance carrier code	HIS System		
195	Policy Number	30	Health insurance policy number	HIS System		
196	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	
197	Policy Start Date	8	The date that insurance policy became effective Format = CCYYMMDD	HIS System		
198	Policy Stop Date	8	The date that insurance policy stopped Format = CCYYMMDD (if present)	HIS System		



## CATS/MEDS/HIS DATA DICTIONARY

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
199	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
200	Policy Holder SSN	9	Policy holder's SSN	HIS System		
<b>Policy Holder Name</b>						
201	Policy Holder Last Name	15	Policy holder's last name	HIS System		
202	Policy Holder First Name	10	Policy holder's first name	HIS System		
203	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		
204	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
205	Filler					
206	Filler					
207	Filler					
208	Filler					
209	Filler					
210	Filler					
<b>HEALTH INSURANCE SEGMENT 2</b>						
211	Carrier Name	30	Health insurance carrier name	HIS System		
212	Carrier Code	4	Health insurance carrier code	HIS System		
213	Policy Number	30	Health insurance policy number	HIS System		
214	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	

CATS/MEDS/HIS DATA DICTIONARY						
'2100' / '2400'						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
215	Policy Start Date	8	The date that insurance policy became effective Format = CCYYMMDD	HIS System		
216	Policy Stop Date	8	The date that insurance policy stopped Format = CCYYMMDD (if present)	HIS System		
217	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
218	Policy Holder SSN	9	Policy holder's SSN	HIS System		
<b>Policy Holder Name</b>						
219	Policy Holder Last Name	15	Policy holder's last name	HIS System		
220	Policy Holder First Name	10	Policy holder's first name	HIS System		
221	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		
222	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
223	Filler					
224	Filler					
225	Filler					
226	Filler					
227	Filler					
228	Filler					
<b>HEALTH INSURANCE SEGMENT 3</b>						

# CATS/MEDS/HIS DATA DICTIONARY

'2100' / '2400'

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
229	Carrier Name	30	Health insurance carrier name	HIS System		
230	Carrier Code	4	Health insurance carrier code	HIS System		
231	Policy Number	30	Health insurance policy number	HIS System		
232	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	
233	Policy Start Date	8	The date that insurance policy became effective Format = CCYYMMDD	HIS System		
234	Policy Stop Date	8	The date that insurance policy stopped Format = CCYYMMDD (if present)	HIS System		
235	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
236	Policy Holder SSN	9	Policy holder's SSN	HIS System		
<b>Policy Holder Name</b>						
237	Policy Holder Last Name	15	Policy holder's last name	HIS System		
238	Policy Holder First Name	10	Policy holder's first name	HIS System		
239	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		
240	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
241	Filler					
242	Filler					
243	Filler					

CATS/MEDS/HIS DATA DICTIONARY						
'2100' / '2400'						
DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
244	Filler					
245	Filler					
246	Filler					
HEALTH INSURANCE SEGMENT 4						
247	Carrier Name	30	Health insurance carrier name	HIS System		
248	Carrier Code	4	Health insurance carrier code	HIS System		
249	Policy Number	30	Health insurance policy number	HIS System		
250	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	
251	Policy Start Date	8	The date that insurance policy became effective Format = CCYYMMDD	HIS System		
252	Policy Stop Date	8	The date that insurance policy stopped Format = CCYYMMDD (if present)	HIS System		
253	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
254	Policy Holder SSN	9	Policy holder's SSN	HIS System		
Policy Holder Name						
255	Policy Holder Last Name	15	Policy holder's last name	HIS System		
256	Policy Holder First Name	10	Policy holder's first name	HIS System		
257	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		

# **CATS/MEDS/HIS DATA DICTIONARY**

**'2100' / '2400'**

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
258	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
259	Filler					
260	Filler					
261	Filler					
262	Filler					
263	Filler					
264	Filler					
<b>HEALTH INSURANCE SEGMENT 5</b>						
265	Carrier Name	30	Health insurance carrier name	HIS System		
266	Carrier Code	4	Health insurance carrier code	HIS System		
267	Policy Number	30	Health insurance policy number	HIS System		
268	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	
269	Policy Start Date	8	The date that insurance policy became effective Format = CCYYMMDD	HIS System		
270	Policy Stop Date	8	The date that insurance policy stopped Format = CCYYMMDD (if present)	HIS System		
271	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
272	Policy Holder SSN	9	Policy holder's SSN	HIS System		

# CATS/MEDS/HIS DATA DICTIONARY

'2100' / '2400'

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
<i>Policy Holder Name</i>						
273	Policy Holder Last Name	15	Policy holder's last name	HIS System		
274	Policy Holder First Name	10	Policy holder's first name	HIS System		
275	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		
276	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
277	Filler					
278	Filler					
279	Filler					
280	Filler					
281	Filler					
282	Filler					
<b>HEALTH INSURANCE SEGMENT 6</b>						
283	Carrier Name	30	Health insurance carrier name	HIS System		
284	Carrier Code	4	Health insurance carrier code	HIS System		
285	Policy Number	30	Health insurance policy number	HIS System		
286	Scope of Coverage	16	Type of coverage, e.g., vision	HIS System	12	
287	Policy Start Date	8	The date that insurance policy became effective  Format = CCYYMMDD	HIS System		

# CATS/MEDS/HIS DATA DICTIONARY

'2100' / '2400'

DE #	DATA ELEMENT NAME	LENGTH (MIN/MAX)	DESCRIPTION AND FORMAT	STATE SYSTEM	CATS CODE TABLE	EXAMPLE
288	Policy Stop Date	8	The date that insurance policy stopped  Format = CCYYMMDD (if present)	HIS System		
289	Relationship to Policy Holder	1	Subscriber's relationship to policy holder	HIS System	13	
290	Policy Holder SSN	9	Policy holder's SSN	HIS System		
<b>Policy Holder Name</b>						
291	Policy Holder Last Name	15	Policy holder's last name	HIS System		
292	Policy Holder First Name	10	Policy holder's first name	HIS System		
293	Policy Holder Middle Initial	1	Policy holder's middle initial	HIS System		
294	Policy Holder Phone Number	10	Policy holder's phone number	HIS System		
295	Filler					
296	Filler					
297	Filler					
298	Filler					
299	Filler					
300	Filler					

## **APPENDIX D – CMS ERROR LOG TABLE**



## CMS HI39 Error Log Table

The errors are listed in the order they will be processed by the HIS nightly batch cycle.

Error Code	Error Message	Responsible Party	Fatal	Report or File where the error is reported
50	No MEDS-ID found by County ID	CMS	E	CMS Error Log File
51	No IDs on transaction	CMS	E	CMS Error Log File
52	MEDS ID/Birthdate conflict	CMS	E	CMS Error Log File
53	No MEDS record found	CMS	E	CMS Error Log File
54	MEDS record has no OHC9	N/A	E	N/A
55	Policy Start/Stop Date invalid	N/A	E	N/A
56	Required field(s) not present on transaction	CMS	E	CMS Error Log File
57	Invalid Known to CMS Indicator on MEDS	CMS	E	CMS Error Log File
58	Trans SSN does not match MEDS; processing with MEDS SSN	CMS	A	CMS Error Log File
59	Trans CIN does not match MEDS; processing with SSN	CMS	A	CMS Error Log File
1	Beneficiary SSN was not found on MEDSDB, this EHIS record was bypassed Note: this error is not reported here if error codes 50, 51, 52, or 53 have been reported on the CMS Error Log File.	TPL	N/A	OHC165-R001 report,  TPL Hold File
2	Beneficiary SSN is invalid, MEDSDB not read, this EHIS record was bypassed Note: this error is not reported here if error codes 50, 51, 52, or 53 have been reported on the CMS Error Log File.	TPL	N/A	OHC165-R001 report,  TPL Hold File
3	Carrier Code not assigned by Name, invalid City given on this EHIS record	TPL	N/A	OHC165-R001 report,  TPL Hold File
4	Carrier Code not assigned by Name, CityAlt-key not on Carrier Master File	TPL	N/A	OHC165-R001 report,  TPL Hold File
5	Carrier Code not assigned by Name, no full City/State matches were found	TPL	N/A	OHC165-R001 report,  TPL Hold File
6	Duplicate City/State matches were found, but no address match found	TPL	N/A	OHC165-R001 report, TPL Hold File
7	Duplicate City/State/Address matches found, no unique Name found	TPL	N/A	OHC165-R001 report, TPL Hold File
8	The assigned Carrier has a positive multiple Carrier indicator	TPL	N/A	OHC165-R002 report
9	The assigned Carrier has less scope of coverage than the input record	TPL	N/A	OHC165-R003 report
01	Duplicate SSN and Carrier Code found	CMS	E	CMS Error Log File
02	Response record name and birthdate does not match MEDS Note: this error is not reported if error code 52 has been reported on the CMS Error Log File	CMS	E	CMS Error Log File
03	Response SSN does not have a matching MEDS record  Note: this error is not reported if error code 53 has been reported on the CMS Error Log File	CMS	E	CMS Error Log File
04	Carrier Code not valid on HIS Carrier Master File Note: this error is not reported if the record was reported on the TPL Hold File	CMS	E	CMS Error Log File
05	Status Code of Carrier not active	CMS	E	CMS Error Log File
06	MEDS record Minor Consent	CMS	E	CMS Error Log File

## CMS HI39 Error Log Table

Error Code	Error Message	Responsible Party	Fatal	Report or File where the error is reported
07	No eligibility on MEDS	CMS	E	CMS Error Log File
08	MEDS record is CCS, GHPP, HF, IE/RR, food stamp, frozen or condensed	CMS	E	CMS Error Log File
11	Policy Start Date is not numeric or spaces	CMS	E	CMS Error Log File
12	Policy End Date is not numeric or spaces	CMS	E	CMS Error Log File
13	Policy Start Date is not valid	CMS	E	CMS Error Log File
14	Policy End Date is not valid	CMS	E	CMS Error Log File
15	Policy Start Date greater than Policy End Date	CMS	E	CMS Error Log File
16	Response Scope was overlaid by HIS Carrier Master file Scope	CMS	A	CMS Error Log File
17	Policy Start Date cannot be greater than future pending month	CMS	E	CMS Error Log File
18	Carrier Code, Subscriber Name/DOB, or Policy Holder Name is SPACE	CMS	E	CMS Error Log File
19	Policy Holder SSN and Policy Number cannot both be SPACES	CMS	E	CMS Error Log File
20	Policy End Date cannot be greater than pending month	CMS	E	CMS Error Log File
21	HISDB Source of Info is from Healthy Families	CMS	E	CMS Error Log File
22	Healthy Families End Date cannot be greater than future pending month	N/A	E	N/A
23	Healthy Families Start Date cannot be greater than future pending month	N/A	E	N/A
HB001	MEDS-ID is not known to MEDS	TPL	N/A	BR-OHC110-R002
HB002	MEDS-ID not on HISDB and trans type not 'Add'	TPL	N/A	BR-OHC110-R002
HB003	Trans type is add, but carrier segment already exists	TPL	N/A	BR-OHC110-R002
HB005	Invalid character in trans type field	TPL	N/A	BR-OHC110-R002
HB006	Invalid carrier code: not found on carrier file	TPL	N/A	BR-OHC110-R002
HB007	Record contains maximum segments – add rejected	TPL	N/A	BR-OHC110-R002
HB008	Maximum segment count exceeded during chain/merge	TPL	N/A	BR-OHC110-R002
HB009	MEDS-ID unknown to HIS and trans type is not = 'L'	TPL	N/A	BR-OHC110-R002
HB010	Trans type is not add and carrier was not found in record	TPL	N/A	BR-OHC110-R002
HB011	MEDS-ID change aborted, new MEDS-ID already on HISDB	TPL	N/A	BR-OHC110-R002
HB012	Policy Stop Date must be greater than Policy Start Date	TPL	N/A	BR-OHC110-R002

**Error Code:** Code that describes the type of error

**Error Message:** Description of the error

**Fatal:** Describes whether the error is Advisory (A) or Error (E)

A = Record will be processed; reported on the CMS Error Log File as an advisory error

E = Record will not be processed; reported on the CMS Error Log File as error

**Report or File where the error is reported:** Name of report or file where the error is reported to CMS or TPL

## APPENDIX E - HI39 TRANSACTION RECORD LAYOUT

Field Name	Field Start Col.	Field Length	Req/ Opt	Comments
Transaction Code	1	4	R	Value is “HI39”
Source System ID	5	4	R	Value is “CCS ” or “GHP ”
Format Indicator	9	1	R	Value is “*”
FILLER	10	24	N/A	Value is SPACES
Creation Date	34	8	R	Format is CCYYMMDD
Creation Time	42	8	R	Format is HHMMSSSTT
Batch Number	50	3	R	Determined by CMS
FILLER	53	1	N/A	Value is SPACES
Client MEDS ID	54	9	O	
Client MEDS ID Check Digit	63	1	O	
Client Index Number (CIN)	64	9	R	
Client Index Number Check Digit	73	1	R	
Client County Code	74	2	R	
Client Aid Code	76	2	R	
Client Case Number	78	10	R	Start with a “9” followed by CIN, e.g. 992345678A
Client Date of Birth	88	8	R	Format is CCYYMMDD
Customer Key	96	9	O	Determined by CMS
FILLER	105	11	N/A	Value is SPACES
Client Last Name	116	15	R	
Client First Name	131	10	R	
Client Middle Initial	141	1	O	
Client Title	142	4	O	
Client Phone Number	146	10	O	
CCS Worker Phone Number	156	10	O	
CCS Worker Phone Number Extension	166	4	O	
Client Gender	170	1	O	Values are “M” or “F”
Client Relationship to Policy Holder	171	1	O	Values are: “D” – dependent of policy holder “P” – policy holder is self “S” – spouse of policy holder “O” – other relationship to policy holder
County District Code	172	3	R	
CCS/GHPP Worker Code	175	4	R	
FILLER	179	1	N/A	Value is SPACES
Insurance Company Name	180	30	R	

Field Name	Field Start Col.	Field Length	Req/ Opt	Comments
Insurance Company Billing Address Line 1	210	26	O	
Insurance Company Billing Address Line 2	236	26	O	
Insurance Company Billing City	262	20	R	
Insurance Company Billing State	282	2	R	
Insurance Company Billing Zip Code	284	5	O	
Insurance Company Billing Zip + 4	289	4	O	
Insurance Company Phone Number	293	10	O	
Insurance Company Phone Number Extension	303	4	O	
Insurance Company HMO Flag	307	1	O	Values are “Y” or “N”
FILLER	308	10	N/A	Value is SPACES
Policy Holder SSN	318	9	see note	Required if Policy Holder Number is not present
Policy Holder Last Name	327	15	R	
Policy Holder First Name	342	10	R	
Policy Holder Middle Initial	352	1	O	
Policy Holder Title	353	4	O	
Policy Holder Number	357	30	see note	Required if Policy Holder SSN is not present
Policy Holder Start Date	387	8	O	Format is CCYYMMDD
Policy Holder Stop Date	395	8	O	Format is CCYYMMDD
Policy Holder Scope of Coverage	403	16	O	Value of last 9 bytes is SPACES. The value of the first 7 bytes depends on the following scope of coverage indicators. Values may appear in any order, but must be left justified. “O” (Outpatient) “T” (Inpatient) “M” (Physician) “L” (Long Term Care) “P” (Pharmacy) “D” (Dental) “V” (Vision)

Field Name	Field Start Col.	Field Length	Req/ Opt	Comments
Policy Holder Scope of Coverage Other	419	15	O	
Policy Holder Medicare Supplement	434	1	O	Values are “Y” or “N”
FILLER	435	9	N/A	Value is SPACES
Group Employer Name	444	30	O	
Group Number	474	20	O	
Group Address Line 1	494	26	O	
Group Address Line 2	520	26	O	
Group City	546	20	O	
Group State	566	2	O	
Group Zip Code	568	5	O	
Group Zip + 4	573	4	O	
Group Phone Number	577	10	O	
Group Phone Number Extension	587	4	O	
Union Name	591	30	O	
Union Local Number	621	20	O	
FILLER	641	10	N/A	Value is SPACES
Absent Parent Flag	651	1	O	Value is “Y” or “N”
EGHP Flag	652	1	O	Value is “Y” or “N”
HIPP Flag	653	1	O	Value is “Y” or “N”
Type of Illness	654	25	O	Free-form text
Premium Paid By	679	10	O	Free-form text

Notes:

- 5) Fields without a value should contain SPACES.
- 6) File format is Variable Block, record length is 1284.

# HI40 Transaction Process

## Functional Requirement Specifications

### Version 1.0

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# **1 INTRODUCTION**

CMS staff during the course of their work activities may obtain Personal Injury (PI) (Causality and Workers compensation) electronic referral information. This information is of value to the Third Party Liability Branch (TPL.) The HI40 purpose is to provide TPL with this PI information. TPL will use the information in their cost avoidance and post payment cost recovery activities. CMS will forward PI information to TPL via HI40 transactions.

## **1.1 OBJECTIVES**

The objectives of the HI40 Transaction Process is to:

- Create an HI40 transaction record to send to ITSD for PI updates. TPL will use the information contained on the HI40 for cost recovery purposes.

## **1.2 SCOPE**

This document specifies the high-level requirements that define the functionality that the HI40 Transaction Process must implement. Detail design specifications will be detailed in follow-up documents.

Included within the development scope of HI40 are:

- h) The capability to create and send HI40 transactions to ITSD for posting to the HISS database.
- i) Create new data fields on existing screens.
- j) This will be a monthly transaction.

The following are not included within the development scope:

- Errors and Alerts (E47-308)
- CMS HI40 Reports

## **1.3 ASSUMPTIONS/CONSTRAINTS**

The following assumptions were made during the preparation of this document:

- g) HI40 implementation is not dependent and does not require Errors and Alerts functionality as specified in E47-308.
- h) Reports (e.g. HI40 Error Report) that are required by TPL have been completed (designed, coded, implemented and, approved.)
- i) HI40 transactions do not directly update the MEDS/HIS database. Any actual changes must be made by TPL staff using their update tools.

- j) A technical specification will be produced in response to this document and will specify the “how to” and technical details.
- k) No new CMS Net screens will be created.
- l) Only the required data fields and additional information that is not required will be sent if it has been collected by CMS.
- m) CMS must verify the client is Medi-Cal before sending this referral since there will be no check to MEDS for Medi-Cal in processing this referral.
- n) CMS will send a HI40 transaction for all transactions that include the PI indicator and have a referral date after the last batch update.





### **2.1.2 2.1.2 Medical Coverage Screen New Fields**

Table 3-5 identifies the new fields required for the Medical Coverage screen

**Table 2-1, Medi-Cal Coverage Screen New Fields**

Field Name	Field #
PI indicator	1
Ref Dt	2

### **3 HI40 TRANSACTION REQUIREMENTS**

The section describes the how CMS Net will be modified to capture PI related information and send it to ITSD by using the HI40 transaction. CMS will use the existing Patient Registration Face Sheet screen to enter the information into CMS Net.

#### **3.1 CMS HI40 TRANSACTION CREATION PROCESS**

The purpose of this process is creating the transaction sent to ITSD on a monthly basis.

##### Process Requirements

- The process will be initiated when a record is marked with the PI indicator flag
- The process will run on the 1<sup>st</sup> of each month.
- The process will run as an automated batch process.
- If the process fails and/or encounters error conditions a message should be communicated specifying the time of the failure/error and the description of the error encountered.
- The PI flag will be reset and the date field will be blank after the transaction is sent.

## 3.2 DAILY BATCH HI40 TRANSACTION FILE

**Table 3-1, Data Dictionary *HI40 Transaction File***

CMS Net	Field Start Col.	Field Length	Req/ Opt	HI40 Field Name	Comments
---------	---------------------	-----------------	-------------	--------------------	----------

## IH40 Transaction Process SFD

CMS Net	Field Start Col.	Field Length	Req/ Opt	HI40 Field Name	Comments
New CMS Net field	1	4	R	Transaction Code	Value is "HI40"
New CMS Net field	5	4	R	Source System ID	Value is "CCS " or "GHP "
New CMS Net field	9	1	R	Format Indicator	Value is "**"
	10	24	N/A	FILLER	Value is SPACES
today's date: CCYYMMDD	34	8	R	Creation Date	Format is CCYYMM DD
current time: HHMMSS TT	42	8	R	Creation Time	Format is HHMMSS TT
(Required) Batch number is identified by a unique number and will be incremented by one each night.	50	3	R	Batch Number	Determine d by CMS
	53	1	N/A	FILLER	Value is SPACES
(optional) If not sent and patient doesn't currently exist on MEDS, MEDS creates a pseudo Patient Registration Face Sheet (CMSFS-10) : SSN	54	9	O	Client MEDS ID	
Optional	63	1	O	Client MEDS ID Check Digit	
Patient Registration Face Sheet (CMSFS-10) : CIN (9 digit)	64	9	R	Client Index Number (CIN)	
Patient Registration Face Sheet (CMSFS-10) : CIN (check digit)	73	1	R	Client Index Number Check Digit	
Patient Registration Face Sheet (CMSFS-10) : legal county (code)	74	2	R	Client County Code	
Client Eligibility Screen : CCS Elig Status (aid code)	76	2	R	Client Aid Code	
start with a '9' followed by	78	10	R	Client Case	Start with a

## IH40 Transaction Process SFD

CMS Net	Field Start Col.	Field Length	Req/ Opt	HI40 Field Name	Comments
CIN e.g. 992345678A				Number	"g" followed by CIN, e.g. 992345678 A
	88	28	N/A	FILLER	Value is SPACES
Patient Registration Face Sheet (CMSFS-10) : Name - Last	116	20	R	Client Last Name	
Patient Registration Face Sheet (CMSFS-10) : Name - First	136	15	R	Client First Name	
(optional) Patient Registration Face Sheet (CMSFS-10) : Name - Middle (first letter)	151	1	O	Client Middle Initial	
	152	4	N/A	FILLER	Value is SPACES
	156	20	O	Injured Person Last Name	
	176	15	O	Injured Person First Name	
	191	1	O	Injured Person Middle Initial	
	192	25	O	Accident Type	
	217	8	O	Accident Date	Format is CCYYMM DD
	225	4	N/A	FILLER	Value is SPACES
	229	20	O	Liable Person Last Name	
	249	15	O	Liable Person First Name	
	264	1	O	Liable Person Middle Initial	
	265	4	O	Liable Person Title	
	269	30	O	Liable Person Address Line 1	



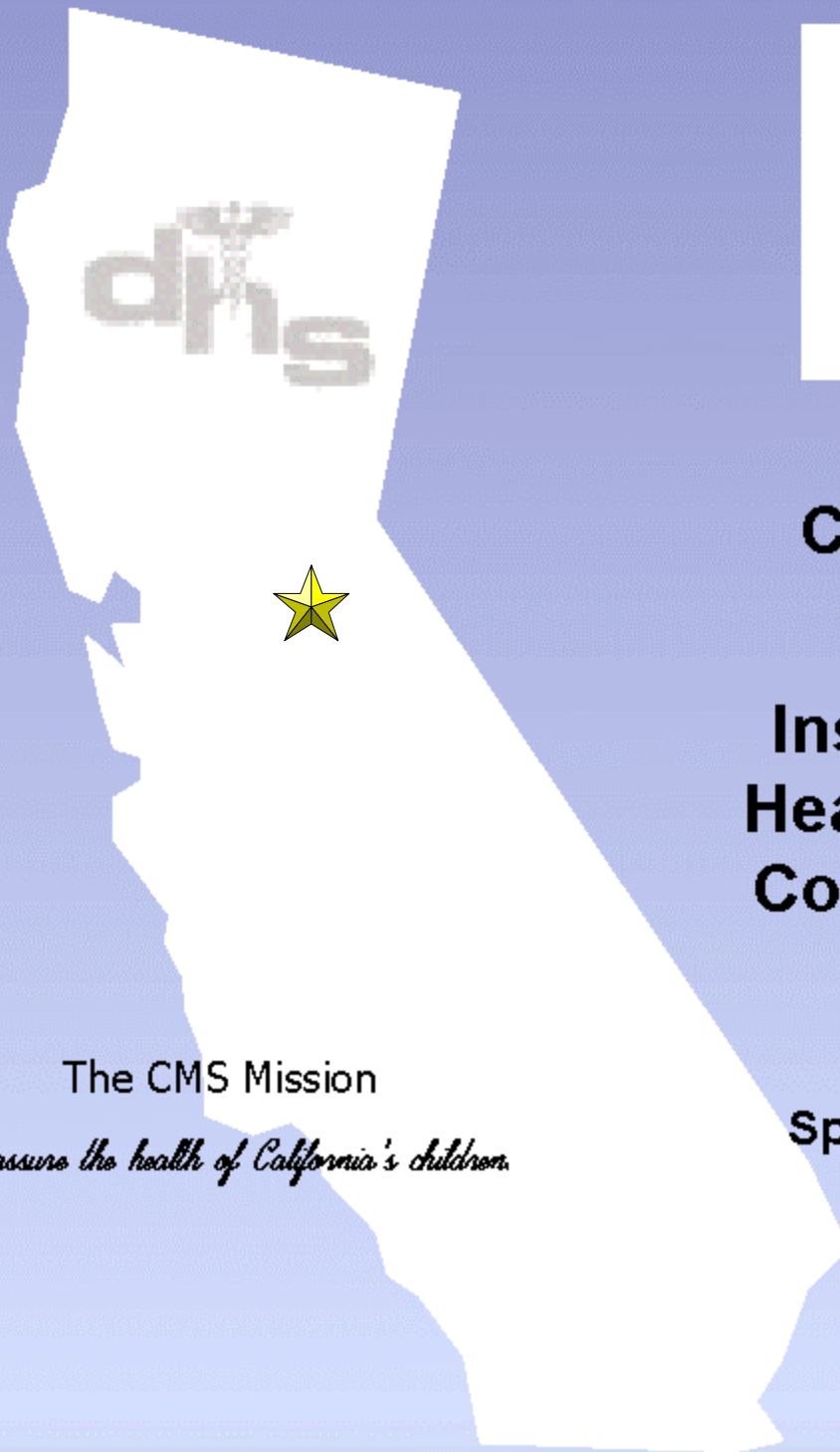
# IH40 Transaction Process SFD

CMS Net	Field Start Col.	Field Length	Req/ Opt	HI40 Field Name	Comments
	299	30	O	Liable Person Address Line 2	
	329	22	O	Liable Person City	
	351	2	O	Liable Person State	
	353	5	O	Liable Person Zip	
	358	4	O	Liable Person Zip + 4	
	362	10	N/A	FILLER	Value is SPACES
	372	36	O	Insurance Company Name	
	408	30	O	Insurance Company Address Line 1	
	438	30	O	Insurance Company Address Line 2	
	468	22	O	Insurance Company City	
	490	2	O	Insurance Company State	
	492	5	O	Insurance Company Zip	
	497	4	O	Insurance Company Zip + 4	
	501	10	O	Insurance Company Phone	
	511	4	O	Insurance Company Phone Extension	
	515	30	O	Policy Number	
	545	1	O	Intent to File Lawsuit Flag	Value is "Y" or "N"
	546	1	O	Settlement Flag	Value is "Y" or "N"
	547	1	O	Restitution Flag	Value is "Y" or "N"
	548	10	O	Workers Compensation Case Number	

## IH40 Transaction Process SFD

CMS Net	Field Start Col.	Field Length	Req/ Opt	HI40 Field Name	Comments
	558	20	O	Attorney Last Name	
	578	15	O	Attorney First Name	
	593	1	O	Attorney Middle Initial	
	594	4	O	Attorney Title	
	598	30	O	Attorney Address Line 1	
	628	30	O	Attorney Address Line 2	
	658	22	O	Attorney City	
	680	2	O	Attorney State	
	682	5	O	Attorney Zip Code	
	687	4	O	Attorney Zip + 4	
	691	10	O	Attorney Phone Number	
	701	4	O	Attorney Phone Number Extension	
	705	10	N/A	FILLER	Value is SPACES

**California Department of Health Services  
Children's Medical Services Branch**



**CMS Net/E47**

**Medi-Cal,  
Insurance, and  
Healthy Families  
Coverage (CCS)**

**(E47-306)**

**Specific Functional  
Design**

**Version 1.0**

**October 13, 2000**

**Prepared for:**  
Department of Health Services  
Children's Medical Services Branch  
714 P Street, Room 300  
Sacramento, CA 95814

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## AMENDMENTS

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## CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Amendment #	Description	Date
1	Add MEDS position numbers to View MEDS HF Data Dictionary (Section 5.1)	10/16/00
2	Change "Scope" on HF to not allow user to edit. (Section 5.2)	10/16/00
3	Define process for differentiating between a Healthy Families Carriers and other Insurance Carriers. (Section 5.3)	11/15/00
4	Remove the MEDS position for the carrier code from the carrier name fields in the data dictionaries and include the MEDS position number for the Medi-Cal # fields. (Section 5.4)	11/15/00
5	Correct the numbering for the Medi-Cal Coverage Data Dictionary. (Section 5.5)	11/15/00
6	Add a new field to the Healthy Families Coverage Screen. (Section 5.6)	11/15/00
7	Include processing instructions if a user chooses 'No' from a certain pop-up message. (Section 5.7)	11/15/00
8	Modify instructions for the "Mother's Medi-Cal #" field on the Medi-Cal Coverage Screen. (Section 5.8)	11/15/00
9	Include when the cross-reference checking takes place for duplicate Medi-Cal #'s. (Section 5.9)	11/15/00

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# **1 INTRODUCTION**

## **1.1 PURPOSE**

This document contains the requirements for conversion of the CMS Medi-Cal and Insurance Coverage from a roll and scroll environment to Full Screen and the creation of the Healthy Families Coverage Screen. In doing so, the effectiveness of CMS Net as a case management tool will be enhanced as well as the eligibility determination process itself. This is one of several eligibility segments that are interrelated and will be moved into production simultaneously.

## **1.2 SCOPE**

The new environment that replaces the existing Eligibility functions will be called Eligibility. Existing functions such as Interview Pending and Medi-Cal application processes will be combined into one process called Pending Eligibility.

New functions included in separate specifications are:

- Medical Eligibility, Report Request, and Report Received, (E47-303),
- Client Eligibility (E47-300),
- Eligibility Tracking and Display Eligibility Log (E47-307)
- Errors and Alerts Reporting and Reconciliation (E47-308), and
- Errors and Alerts Table Update (E47-321).

Existing eligibility functions that will be addressed in different specifications are:

- Financial and Residential Worksheets (E47-302), and
- Enrollment and Assessment Fees (E47-304).

## **1.3 ASSUMPTIONS AND CONSTRAINTS**

- 1) Fields that provide a default value, which can be overwritten by the user, shall only be populated with the default value if the field is blank when the window opens. This is to eliminate the possibility of the system overwriting a value that a user may have entered.
- 2) CMS will be using carrier information from Third Party Liability's Carrier Master File. CMS will receive the file periodically, currently on a monthly basis.
- 3) This document shall provide the modifications necessary for the current MEDS Inquiry functionality.

- 4) CMS Net users are not required to review Medi-Cal, Insurance and Healthy Families coverage with each Program Eligibility period. Medi-Cal, Insurance and Healthy Families coverage has the potential to change throughout the Program Eligibility period and/or not change from one period to the next. Therefore, any new Program Eligibility period established while a case is open shall copy forward the Medi-Cal, Insurance and Healthy Families field values from the previous Program Eligibility period as long as the periods are consecutive by date. However, if a case is closed and the reason the case is closed is 'residence established in another county', the Medi-Cal, Insurance and Healthy Families field values shall be copied forward. Medi-Cal, Insurance and Healthy Families coverage for each period shall be viewable in the Display Eligibility Log screens.
- 5) The State/Fed Funding Indicator is a data element on the MEDS 2100 transaction, however, is not currently in use. This field will not be defined on the Medi-Cal Coverage Screen at this time. If, at a later date it is determined that this field is necessary it shall be added.
- 6)

## **2 GENERAL DESCRIPTION**

### **2.1 PRODUCT FUNCTIONS**

This document provides the specifications for the modification of the MEDS Inquiry functionality and the operation of the Medi-Cal, Insurance and Healthy Families Coverage screens.

#### **2.1.1 Search MEDS Screen**

The Search MEDS Screen shall replace the current MEDS Inquiry functionality. This screen allows the user to generate both the MEDS 400 and 2100 transactions to obtain eligibility and other coverage information that can then be stored on the Medi-Cal, Insurance and Healthy Families Coverage Screens. This screen shall act as a series of screens after the MEDS 400 and 2100 transactions are performed in order to display the results. The MEDS 400 transaction data shall be displayed on the first screen in the series referred to as the Search MEDS screen. The MEDS 2100 transaction data shall be displayed on the following three screens in the series, View MEDS Medi-Cal Coverage, View MEDS Insurance Coverage and View MEDS Healthy Families Coverage.

#### **2.1.2 View MEDS Medi-Cal Coverage Screen**

The View MEDS Medi-Cal Coverage screen is the second screen in the series that shall display the results from the MEDS 2100 transaction. The information displayed on this screen will reflect what was present on MEDS for the date of service inquired on.

#### **2.1.3 View MEDS Insurance Coverage Screen**

The View MEDS Insurance Coverage screen is the third screen in the series that shall display the results from the MEDS 2100 transaction. The information displayed on this screen will reflect what was present on MEDS for the date of service inquired on.

#### **2.1.4 View MEDS Healthy Families Coverage Screen**

The View MEDS Healthy Families Coverage screen is the fourth and final screen in the series that shall display the results from the MEDS 2100 transaction. The information displayed on this screen will reflect what was present on MEDS for the date of service inquired on.

#### **2.1.5 Medi-Cal Coverage Screen**

The Medi-Cal Coverage screen allows the user to view the Medi-Cal Coverage data present in CMS Net, store the current Medi-Cal Coverage data from the

MEDS 2100 transaction or enter Medi-Cal Coverage data for a patient. This screen updates the CMS Net database.

### **2.1.6 Insurance Coverage Screen**

The Insurance Coverage screen allows the user to view the Insurance Coverage data present in CMS Net, store the current Insurance Coverage data from either the MEDS 2100 transaction or enter current Insurance Coverage data for a patient. This screen updates the CMS Net database. Third Party Liability's Carrier Master File will be used within CMS Net to obtain carrier information.

### **2.1.7 Healthy Families Coverage Screen**

The Healthy Families Coverage screen allows the user to view the Healthy Families Coverage data in CMS Net, store the current Healthy Families Coverage data from either the MEDS 2100 transaction or enter current Healthy Families Coverage data for a patient. This screen updates the CMS Net database. Third Party Liability's Carrier Master File will be used within CMS Net to obtain carrier information.

### **2.1.8 Action Menus**

Refer to the Standards and Conventions Document (E47-100) for description of the standard Action Menu.

### **2.1.9 Branching**

Once all entries/edits for a screen have been done, upon exiting the screen the user is branched to the appropriate Eligibility Branch Menu. Refer to the Standard Conventions Document (E47-100) for details on the functionality of a Branch Menu.

### 3 FUNCTIONAL REQUIREMENTS

#### 3.1 SEARCH MEDS SCREEN

The user accesses the Search MEDS screen by selecting "MEDS Inquiry" from the Eligibility Menu. The Search MEDS screen is designed to allow the user to generate both the MEDS 400 and 2100 transactions to obtain and display eligibility and other coverage information. The Search MEDS screen is the first in a series of four that shall be used to display the results of the MEDS 400 and 2100 transactions. Figure 3-1 illustrates the Search MEDS screen layout.

0	1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET SEARCH MEDS CMSELIG-99							
2	-----							
3	Pt Nm: XX CCS#: 99999999 CIN: 99999999X 9							
4	1) Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXXXX REG=XXX MED=X F/R=XXXXXXXXXXXX							
5	2) -----							
6	Pgrm Begin Date 99/99/9999 End 99/99/9999 CCS Elig Status XXXXXXXXXXX1XXXXXXXXXXXX							
7	3) Date Of Service: 99/99/9999 4) Inquiry Date: 99/99/9999 5) Time 99:99:99							
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

MEDS 400 TRANSACTION TEXT RESULTS  
DISPLAYED HERE.

### **Figure 3-1, Search MEDS Screen**

#### **3.1.1 Search MEDS Screen New Functionality**

The Search MEDS Screen is designed to replace the current 'Primary', MEDS Inquiry Screen. Currently the user can perform a MEDS 400 and 2100 transaction, view the eligibility (POS response), view Medi-Cal Coverage, view Insurance Coverage and Save to Log. With the implementation of this design the user shall be able to view the Healthy Families Coverage in addition to the other coverages listed above.

The data that is retrieved from the MEDS 400 transaction shall appear on the Search MEDS screen as it currently does on the 'Primary', MEDS Inquiry screen.

### 3.1.2 Search MEDS Screen Data Dictionary

Table 3-1 provides a description of each of the fields for the Search MEDS screen.

Field #	Field Name	Length	Type	Required	Description/Comments
1	<i>(header)</i>	N/A	Display only		Common header from the Patient Registration screen
2a	Pgrm Begin Date	10	Display only		This date is populated from Pending Eligibility screen
2b	End	10	Display only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display only		This status is populated from the Client Eligibility Status (Field 5)
3	Date Of Service	10	Date	Yes	Defaults to current date, user is allowed to edit. Can be up to 15 months in the past. Cannot be a future date.
4	Inquiry Date	10	Display Only		System populates field with the date the ME was performed.
5	Time	8	Display only		System populates field with the time the ME was performed.

**Table 3-1, Search MEDS Data Dictionary**



### 3.2 VIEW MEDS MEDI-CAL COVERAGE SCREEN

The View MEDS Medi-Cal Coverage screen is the second screen in the series of four that shall display the results of the MEDS 2100 transaction. The user accesses this screen by either using the down arrow key on the Search MEDS screen or using the Page Down key on the Search MEDS screen. This screen is display only. Figure 3-2 illustrates the View MEDS Medi-Cal Coverage screen layout.

0	1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET VIEW MEDS MEDI-CAL COVERAGE CMSELIG-99							
2	-----							
3	Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CCS#: 99999999 CIN: 99999999X 9							
4	1)							
5	Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXXXX REG=XXX MED=X F/R=XXXXXXXXXXXX							
6	2)	-----						
7	Pgrm Begin Date 99/99/9999 End 99/99/9999 CCS Elig Status XXXXXXXXXXX1XXXXXXXXXXXX							
8	3)							
9	6)	Date Of Service 99/99/9999 4) Inquiry Date: 99/99/9999 5) Time: 99:99:99						
10	Medi-Cal# 9999999999999999 7) SOC 999999 8) Cert Dt 99/99/9999							
11	9)							
12	Known to CMS 9 10) Notify CMS x							
13	11a)	1 MGD Name XXXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXX						
14	b)	Status XXXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXX						
15								
16								
17	Pri-Aidcode 99 13a) SP1-Aidcode 99 14a) SP2-Aidcode 99 15a) SP3-Aidcode 99							
18	12a)	Pri-Elig 999 b) SP1-Elig 999 b) SP2-Elig 999 b) SP3-Elig 999						
19	b)	T Dt 99/99/9999 c) T Dt 99/99/9999 c) T Dt 99/99/9999 c) T Dt 99/99/9999						
20	Pri-T Reas 99 d) T1-Reason 99 d) T2-Reason 99 d) T3-Reason 99							
21	c)	Medicare 99						
22	d)							
23	16)							
24								

Figure 3-2, View MEDS Medi-Cal Coverage Screen



### 3.2.1 View MEDS Medi-Cal Coverage Data Dictionary

Table 3-2 provides a description of each of the fields for the View MEDS Medi-Cal Coverage screen.

**Table 3-2, View MEDS Medi-Cal Coverage Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display Only		Common header from the Patient Registration screen
2a	Pgrm Begin Date	10	Display Only		This date is populated from Pending Eligibility screen
2b	End	10	Display Only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display Only		This status is populated from the Client Eligibility Status (Field 5)
3	Date Of Service	10	Display Only		This date is populated from the Search MEDS screen
4	Inquiry Date	10	Display Only		System populates field with the date the MEDS was performed.
5	Inquiry Time	8	Display Only		System populates field with the time the MEDS was performed.
6	Medi-Cal #	14	Display Only	No	MEDI-CAL NUMBER 14 digit Medi-Cal number (must be unique for each client) If present on the MEDS 2100 transaction this field contains the value.
7	SOC	5	Display Only	No	SHARE OF COST AMOUNT Certain recipients are obligated to meet a share of cost requirement. If present on MEDS 2100 transaction this field contains the value. MEDS position: 73
8	Cert Dt	10	Display Only	No	SOC CERT DAY The day of the month that the share of medical costs is due. If present on the MEDS 2100 transaction this field contains the value. MEDS position: 74

CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
9	Known to CMS	1	Display Only	No	<p>KNOWN TO CMS INDICATOR</p> <p>Numeric value used to indicate if a patient has been known to CCS, GHPP or both programs. If present on the MEDS 2100 transaction, the field shall display that value.</p> <p>Valid values include:</p> <p>0 - Remove CCS/GHPP from MEDS</p> <p>1 - Known to CCS</p> <p>2 - Known to GHPP</p> <p>3 - Known to both CCS &amp; GHPP</p> <p>MEDS position: 15</p>
10	Notify CMS	1	Display Only	No	<p>NOTIFY CMS INDICATOR</p> <p>Value used to identify if CMS would like to be notified of changes regarding this patient. If present on the MEDS 2100 transaction, the field shall display that value.</p> <p>Valid Values include:</p> <p>Y - Notify CMS</p> <p>N - Remove notification</p> <p>MEDS position: 16</p>
11a	MGD Name	55	Display Only	No	<p>MANAGED CARE PROVIDER NAME</p> <p>Can match up to 5 providers.</p> <p>Identifies the Medi-Cal related Prepaid Health Plan Code. Use the 3 digit Health Care Plan Code from the Health Care Plan Code Table. (Table 3990), display if present, and match to the 3 digit Load Id in the Health Care Provider Table. (Table 3990), display if present.</p> <p>MEDS position: 91, 93, 95, 97, 99</p>
11b	Status	55	Display Only	No	<p>MANAGED CARE PLAN STATUS</p> <p>Identifies a recipient's enrollment status in a managed care plan.</p> <p>Use the 2 digit Health Care Plan Status Code from the Health Care Plan Status Code Table. (Table 3990), display if present, and match to the Health Care Plan Status Code in the CMS Net HCP Status Table. (Table 3990), display if present.</p> <p>MEDS position: 92, 94, 96, 98, 100</p>
12a	Pri-Aidcode	2	Display Only	No	<p>PRIMARY AID CODE</p> <p>Identifies primary program eligibility in MEDS 2100 transaction.</p> <p>If present on the MEDS 2100 transaction the field shall display that value.</p> <p>MEDS position: 77</p>

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Field #	Field Name	Length	Type	Required	Description/Comments
12b	Pri-Elig	3	Display Only	No	<p>PRIMARY ELIGIBILITY</p> <p>A 3 position code which reflects primary eligibility category in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 78</p>
12c	T Dt	10	Display Only	No	<p>PRIMARY TERMINATION DATE</p> <p>The date that a recipient's primary Medi-Cal category ends in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS format: CCYYMMDD</p> <p>MEDS position: 75</p>
12d	Pri-T Reason	2	Display Only	No	<p>PRIMARY TERMINATION REASON</p> <p>Reason a recipient was terminated from Medi-Cal.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 76</p>
13a	SP1-Aidcode	2	Display Only	No	<p>SPECIAL 1 AID CODE</p> <p>Identifies Special Program 1 eligibility in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 81</p>
13b	SP1-Elig	3	Display Only	No	<p>SPECIAL 1 ELIGIBILITY</p> <p>A 3 position code which reflects Special Program 1 card issuance status, etc. in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 82</p>
13c	T Dt	10	Display Only	No	<p>SPECIAL 1 TERMINATION DATE</p> <p>The date that a recipient's Special Program 1 category ends in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS format: CCYYMMDD</p> <p>MEDS position: 79</p>

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Field #	Field Name	Length	Type	Required	Description/Comments
13d	T1-Reason	2	Display Only	No	SPECIAL 1 TERMINATION REASON Reason recipient terminated from Special P If present on the MEDS 2100 transaction th value. MEDS position: 80
14a	SP2-Aidcode	2	Display Only	No	SPECIAL 2 AID CODE Identifies Special Program 2 eligibility in ME If present on the MEDS 2100 transaction th value. MEDS position: 85
14b	SP2-Elig	3	Display Only	No	SPECIAL 2 ELIGIBILITY A 3 position code which reflects Special Pro card issuance status, etc. in MEDS. If present on the MEDS 2100 transaction th value. MEDS position: 86
14c	T Dt	10	Display Only	No	SPECIAL 2 TERMINATION DATE The date that a recipient's Special Program category ends in MEDS. If present on the MEDS 2100 transaction th value. MEDS format: CCYYMMDD MEDS position: 83
14d	T2-Reason	2	Display Only	No	SPECIAL 2 TERMINATION REASON Reason recipient terminated from Special P If present on the MEDS 2100 transaction th value. MEDS position: 84
15a	SP3-Aidcode	2	Display Only	No	SPECIAL 3 AID CODE Used to report the IRCA/OBRA aid code in If present on the MEDS 2100 transaction th value. MEDS position: 89
15b	SP3-Elig	3	Display Only	No	SPECIAL 3 ELIGIBILITY A 3 position code which reflects Special Pro card issuance status, etc. in MEDS. If present on the MEDS 2100 transaction th value. MEDS position: 90

CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
15c	T Dt	10	Display Only	No	<p>SPECIAL 3 TERMINATION DATE</p> <p>The date that a recipient's Special program category ends in MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS Format: CCYYMMDD</p> <p>MEDS position: 87</p>
15d	T3-Reason	2	Display Only	No	<p>SPECIAL 3 TERMINATION REASON</p> <p>Reason recipient terminated from Special P</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 88</p>
16	Medicare	2	Display Only	No	<p>MEDICARE STATUS CODE</p> <p>Reflects recipient's Medicare Part A and Pa</p> <p>MEDS.</p> <p>If present on the MEDS 2100 transaction the value.</p> <p>MEDS position: 72</p>

### 3.3 VIEW MEDS INSURANCE COVERAGE SCREEN

The View MEDS Insurance Coverage screen is the third screen in the series of four that shall display the results of the MEDS 2100 transaction. The user accesses this screen by either using the down arrow key on the View MEDS Medi-Cal Coverage screen or using the Page Down key on the View MEDS Medi-Cal screen. This screen is display only. Figure 3-3 illustrates the View MEDS Insurance Coverage screen layout.

0	1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET VIEW MEDS INSURANCE COVERAGE CMSELIG-99							
2	-----							
3	Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CCS#: 9999999 CIN: 99999999X 9							
4	1) Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXXXX REG=XXX MED=X F/R=XXXXXXXXXXXX							
5	2) -----							
6	Pgrm Begin Date 99/99/9999 End 99/99/9999 CCS Elig Status XXXXXXXXXXXXXXXXXXXX							
7	3) -----							
8	Date Of Service 99/99/9999 4) Inquiry Date: 99/99/9999 5) Time: 99:99:99							
9	6a) -----							
10	d) Carrier XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX+ b) Ccode XXXX c) Scope XXXXXXXXXXXXXXXXXXXX							
11	Pol # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX e) Start 99/99/9999 f) Stop 99/99/9999							
12	g) -----							
13	j) Last First M.							
14	Nm XXXXXXXXXXXXXXX h) XXXXXXXXXXXX i) X.							
15	7a) Phone # 999-999-9999 k) Relationship to Pol. Holder XXXXXXXX+							
16	d) -----							
17	Carrier XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX+ b) Ccode XXXX c) Scope XXXXXXXXXXXXXXXXXXXX							
18	g) -----							
19	Pol # XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX e) Start 99/99/9999 f) Stop 99/99/9999							
20	j) -----							
21	Last First M.							
22	Nm XXXXXXXXXXXXXXX h) XXXXXXXXXXXX i) X.							
23	Phone # 999-999-9999 k) Relationship to Pol. Holder XXXXXXXX+							
24								

Figure 3-3, View MEDS Insurance Coverage Screen





### 3.3.1 View MEDS Insurance Coverage Data Dictionary

Table 3-3 provides a description of each of the fields for the View MEDS Insurance Coverage screen.

**Table 3-3, View MEDS Insurance Coverage Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display Only		Common header from the Patient Register
2a	Pgrm Begin Date	10	Display Only		This date is populated from Pending Eligibility screen
2b	End	10	Display Only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display Only		This status is populated from the Client Eligibility Status (Field 5)
3	Date Of Service	10	Display Only		Populated from the search MEDS screen
4	Inquiry Date	10	Display Only		System populates field with the date the inquiry is performed.
5	Time	8	Display Only		System populates field with the time the inquiry is performed.
6a - 15a	Carrier		Display Only	No	INSURANCE CARRIER NAME Can match up to 10 carriers If present on the MEDS 2100 transaction, the system displays the Insurance Carrier Name, if the OHC Code is present on the MEDS Healthy Families Coverage Screen. MEDS position: 193, 211, 229, 247, 261 (Name) MEDS position: 194, 212, 230, 248, 262 (Code)
6b - 15b	Ccode	4	Display Only	No	INSURANCE CARRIER CODE If present on the MEDS 2100 transaction, the system displays the value. MEDS position: 194, 212, 230, 248, 262
6c - 15c	Scope	16	Display Only	No	SCOPE OF COVERAGE Type of coverage, e.g., vision. If present on the MEDS 2100 transaction, the system displays the value. MEDS position: 196, 214, 232, 250, 268
6d - 15d	Pol #	30	Display Only	No	INSURANCE POLICY NUMBER If present on the MEDS 2100 transaction, the system displays the value. MEDS position: 195, 213, 231, 249, 269

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Field #	Field Name	Length	Type	Required	Description/Comments
6e - 15e	Start	10	Display Only	No	<p>POLICY START DATE</p> <p>The date that the insurance policy became effective.</p> <p>If present on the MEDS 2100 transaction, it shall be a valid date.</p> <p>MEDS Format: CCYYMMDD</p> <p>MEDS position: 197, 215, 233, 251, 269</p>
6f - 15f	Stop	10	Display Only	No	<p>POLICY STOP DATE</p> <p>The date that the insurance policy stopped.</p> <p>If present on the MEDS 2100 transaction, it shall be a valid date.</p> <p>MEDS Format: CCYYMMDD, a date on or after 12/31/9999 shall be allowed and it represents the end of the policy.</p> <p>MEDS position: 198, 216, 234, 252, 270</p>
6g - 15g	Nm (Last)	15	Display Only	No	<p>POLICY HOLDER LAST NAME</p> <p>If present on the MEDS 2100 transaction, it shall be a valid name.</p> <p>MEDS position: 201, 219, 237, 255, 273, 291, 309, 327, 345, 363</p>
6h - 15h	Nm (First)	10	Display Only	No	<p>POLICY HOLDER FIRST NAME</p> <p>If present on the MEDS 2100 transaction, it shall be a valid name.</p> <p>MEDS position: 202, 220, 238, 256, 274, 292, 310, 328, 346, 364</p>
6i - 15i	Nm (M.I.)	1	Display Only	No	<p>POLICY HOLDER MIDDLE INITIAL</p> <p>If present on the MEDS 2100 transaction, it shall be a valid initial.</p> <p>MEDS position: 203, 221, 239, 257, 275, 293, 311, 329, 347, 365</p>
6j - 15j	Phone #	12	Display Only	No	<p>POLICY HOLDER PHONE NUMBER</p> <p>If present on the MEDS 2100 transaction, it shall be a valid phone number.</p> <p>MEDS position: 204, 222, 240, 258, 276, 294, 312, 330, 348, 366</p>
6k - 15k	Relationship to Policy Holder	15	Display Only	No	<p>RELATIONSHIP TO POLICY HOLDER</p> <p>Subscriber's relationship to policy holder.</p> <p>If present on the MEDS 2100 transaction, it shall be a valid relationship.</p> <p>MEDS position: 199, 217, 235, 253, 271, 289, 307, 325, 343, 361</p>

### 3.4 VIEW MEDS HEALTHY FAMILIES COVERAGE SCREEN

The View MEDS Healthy Families Coverage screen is the fourth and final screen in the series that shall display the results of the MEDS 2100 transaction. The user accesses this screen by either using the down arrow key on the View MEDS Insurance Coverage screen or using the Page Down key on the View MEDS Insurance screen. This screen is display only. Figure 3-4 illustrates the View MEDS Healthy Families Coverage screen layout.

	0	1	2	3	4	5	6	7	8
	1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET VIEW MEDS HEALTHY FAMILIES COVERAGE CMSELIG-99								
2	-----								
3	Pt Nm:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				CCS#:	99999999	CIN:	99999999X 9
4	1)								
5	Gender:	X	DOB:	99/99/9999	Lgl Co:	XXXXXXXXXX	REG=	XXX	MED=X
6	2)	F/R=XXXXXXXXXXXX							
7	Pgrm Begin Date	99/99/9999	End	99/99/9999	CCS Elig Status	XXXXXXXXXXXXXXXXXXXX			
8	3)								
9	Date of Service:	99/99/9999	4) Inquiry Date:	99/99/9999	5) Time:	99:99:99			
10	6a)								
11	Medi-Cal#	9999999999999999							
12	b)								
13	e)	Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX+			c) Ccode	XXXX	d) Scope	XXXXXXXXXXXXXXXXXXXX
14	Pol #	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			f) Start	99/99/9999	g) Stop	99/99/9999	
15	h)								
16	Hlthy Fam Day In:	99	i) Day Out:	99	j) SP-Aidcode	99	k) SP-Elig	999	
17	7a)	-----							
18	Medi-Cal#	9999999999999999							
19	b)								
20	e)	Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX+			c) Ccode	XXXX	d) Scope	XXXXXXXXXXXXXXXXXXXX
21	Pol #	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			f) Start	99/99/9999	g) Stop	99/99/9999	
22	h)								
23	Hlthy Fam Day In:	99	i) Day Out:	99	j) SP-Aidcode	99	k) SP-Elig	999	
24									

Figure 3-4, View MEDS Healthy Families Screen



### 3.4.1 View MEDS Healthy Families Coverage Data Dictionary

Table 3-4 provides a description of each of the fields for the View MEDS Healthy Families Coverage screen.

**Table 3-4, View MEDS Healthy Families Coverage Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display Only		Common header from the Patient Register
2a	Pgrm Begin Date	10	Display Only		This date is populated from Pending Eligibility screen
2b	End	10	Display Only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display Only		This status is populated from the Client Elig Status (Field 5)
3	Date Of Service	10	Display Only		Populated from the search MEDS screen
4	Inquiry Date	10	Display Only		System populates field with the date the inquiry is performed.
5	Time	8	Display Only		System populates field with the time the inquiry is performed.
6a - 15a	Medi-Cal #	14	Display Only	No	MEDI-CAL NUMBER 14 digit Medi-Cal number (must be unique) If present on the MEDS 2100 transaction, it is a required value.
6b - 15b	Carrier		Display Only	No	INSURANCE CARRIER NAME Can match up to 10 carriers If present on the MEDS 2100 transaction, it is a required value. Insurance Carrier Name, if the OHC Code is present on the View MEDS Insurance Coverage Screen. MEDS position: 193, 211, 229, 247, 260 (Name) MEDS position: 194, 212, 230, 248, 261 (Code)
6c - 15c	Ccode	4	Display Only	No	INSURANCE CARRIER CODE If present on the MEDS 2100 transaction, it is a required value. MEDS position: 194, 212, 230, 248, 261
6d - 15d	Scope	16	Display Only	No	SCOPE OF COVERAGE Type of coverage, e.g., vision. If present on the MEDS 2100 transaction, it is a required value. MEDS position: 196, 214, 232, 250, 268

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Field #	Field Name	Length	Type	Required	Description/Comments
6e - 15e	Pol #	30	Display Only	No	INSURANCE POLICY NUMBER If present on the MEDS 2100 transaction value. MEDS position: 195, 213, 231, 249, 26
6f - 15f	Start	10	Display Only	No	POLICY START DATE The date that the insurance policy beca If present on the MEDS 2100 transaction value. MEDS Format: CCYYMMDD MEDS position: 197, 215, 233, 251, 269
6g - 15g	Stop	10	Display Only	No	POLICY STOP DATE The date that the insurance policy stopp If present on the MEDS 2100 transaction value. MEDS Format: CCYYMMDD, a date on 12/31/9999 shall be allowed and it repre MEDS position: 198, 216, 234, 252, 270
6h - 15h	Hlthy Fam Day In	2	Display Only	No	HEALTHY FAMILIES DAY IN If present on the MEDS 2100 transaction value. MEDS position: 183
6i - 15i	Day Out	2	Display Only	No	HEALTHY FAMILIES OUT DAY If present on the MEDS 2100 transaction value. MEDS position: 184
6j - 15j	SP-Aidcode	2	Display Only	No	SPECIAL AIDCODE If any Special Program 1, 2, or 3 segme 2100 transaction contain '9H' this field sh
6k - 15k	Sp-Elig	3	Display Only	No	SPECIAL ELIGIBILITY If Sp-Aidcode is populated this field sha 2100 transaction.





### **3.4.2 Action Menu**

The Action Menu for the series of MEDS Coverage screens shall appear in two places. If the user is on the Search MEDS screen (the first screen in the series) and has not yet performed the MEDS 400/2100 transaction the action menu available shall have the following selections:

- Search,
- Cancel, and
- Quit.

If the user has already performed the MEDS 400/2100 transaction the action menu shall not be available on the Search MEDS screen.

After the MEDS 400/2100 transaction has been generated the Action Menu shall be available on the View MEDS Healthy Families Coverage screen (the last screen in the series) and shall have the following selections:

- View CMS Net Medi-Cal Coverage,
- View CMS Net Insurance Coverage,
- View CMS Net Healthy Families Coverage,
- Save to log,
- Cancel, and
- Quit.

#### **3.4.2.1 Search**

Upon entry of the Search MEDS screen the "Date of Service" (field 3) shall be defaulted to today's date, however the user can edit that date. If the user selects 'Search' from the Action Menu the MEDS 400 and 2100 transactions are generated with a match on the Date of Service entered. If data is present in MEDS it shall be returned in the current format (MEDS Inquiry) and be displayed in the central portion of the Search MEDS screen. This will be the MEDS 400 transaction response data. The MEDS 2100 transaction response data shall be displayed on the following three screens in the series, View MEDS Medi-Cal Coverage, View MEDS Insurance, and View MEDS Healthy Families Coverage. The "Inquiry Date" (field 4) and "Time" (field 5) shall be populated with the current date and time. If there is no data present in MEDS, the 400 response shall return the following message, 'No recorded eligibility'. The message shall be displayed in the central portion of the screen where the data would be displayed if available. (As currently exists in MEDS Inquiry functionality.)

#### **3.4.2.2 View CMS Net Medi-Cal Coverage**

If the user selects 'View CMS Net Medi-Cal Coverage' from the action menu they shall be branched to the Medi-Cal Coverage screen that shall contain CMS Net data for comparison between the MEDS data and the CMS Net data.

#### **3.4.2.3 View CMS Net Insurance Coverage**

If the user selects 'View CMS Net Insurance Coverage' from the action menu they shall be branched to the Insurance Coverage screen that shall contain CMS Net data for comparison between the MEDS data and the CMS Net data.

#### **3.4.2.4 View CMS Net Healthy Families Coverage**

If the user selects 'View CMS Net Healthy Families Coverage' from the action menu they shall be branched to the Healthy Families Coverage screen that shall contain CMS Net data for comparison between the MEDS data and the CMS Net data.

#### **3.4.2.5 Save to Log**

Once the display MEDS series of screens are populated with the data from the MEDS 400/2100 transactions the Action Menu shall have 'Save to Log' as an option. If the user selects this option the data that was retrieved from the MEDS 400 transaction shall be saved to and accessible through Event Tracking (Display Events) by choosing the "MEDS Eligibility Log History" option and the data that was retrieved from the MEDS 2100 transaction shall be saved to and accessible through Event Tracking by choosing the MEDS Inquiry option. (As functionality currently exists.)

#### **3.4.2.6 Cancel**

If the user selects 'Cancel' either before or after the MEDS 400/2100 transactions have been performed no changes shall be saved and the user will be branched to the Eligibility Menu.

#### **3.4.2.7 Quit**

If the user selects 'Quit' either before or after the MEDS 400/2100 transactions have been performed the Action Menu shall be closed and the user will be returned to the Search MEDS screen.

#### **3.4.2.8 Branching**

There is no Branch Menu available in this section of the application.

### 3.5 MEDI-CAL COVERAGE SCREEN

The user can access the Medi-Cal Coverage Screen in one of six ways. By selecting "Medi-Cal Coverage" from the Eligibility Menu, by selecting "View CMS Net Medi-Cal Coverage" from the Action Menu on the View MEDS Healthy Families Coverage screen, by selecting "View CMS Net Medi-Cal Coverage" from the Action Menu on either the Insurance Coverage or Healthy Families Coverage screens, or by selecting "CMS Net Medi-Cal Coverage" from the Branch Menu on either the Insurance Coverage or Healthy Families Coverage screens.

	0	1	2	3	4	5	6	7	8	
	1234567890123456789012345678901234567890123456789012345678901234567890									
1	CMSNET MEDI-CAL COVERAGE CMSELIG-99									
2	-----									
3	Pt Nm:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					CCS#:	99999999	CIN:	99999999X 9
4	1)									
5	Gender:	X	DOB:	99/99/9999	Lgl Co:	XXXXXXXXXX	REG=	XXX	MED=	X
6	2)	F/R=XXXXXXXXXXXX								
7	-----									
8	3a)	Pgrm Begin Date	99/99/9999	End	99/99/9999	CCS Elig Status	XXXXXXXXXX1XXXXXXXXXXXX			
9	b)	Medi-Cal#	9999999999999999	4)SOC	999999	5)Cert Dt	99/99/9999	6)Medi-Cal Denied	xx+	
10		Mother's Medi-Cal#	9999999999999999	7)Known to CMS	9	8)Notify CMS	x			
11	9a)	1 MGD Name	XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXX							
12	b)	Status	XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXX							
13	c)	Plan Type	XXXXXXXXXX1XXXX	d) Services Covered	XXXXXXXXXX					
14		Pri-Aidcode	99	11a)	SP1-Aidcode	99	12a)	SP2-Aidcode	99	
15	10a)	Pri-Elig	999	b)	SP1-Elig	999	b)	SP2-Elig	999	
16	b)	T Dt	99/99/9999	c)	T Dt	99/99/9999	c)	T Dt	99/99/9999	
17	c)	Pri-T Reas	99	d)	T1-Reason	99	d)	T2-Reason	99	
18	d)	Medicare	99	15)	HIC #	99999999999999				
19	14)	Comments	XX							
20			XX							
21	16)	Last Update By	XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3	18)	Date	99/99/9999				
22										
23										
24	17)									

Figure 3-5, Medi-Cal Coverage Screen Layout

### 3.5.1 Medical Coverage Screen New Fields

Table 3-5 identifies the new fields required for the Medical Coverage screen

**Table 3-5, Medi-Cal Coverage Screen New Fields**

Field Name	Field #
Mother's Medi-Cal #	3b
Cert Dt	5
Plan Type	7c
Service Covered	7d
HIC #	13

### 3.5.2 Medi-Cal Coverage Data Dictionary

Table 3-6 provides a description of each of the fields for the Medi-Cal Coverage screen.

**Table 3-6, Medi-Cal Coverage Screen Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display Only		Common header from the Patient Registration screen
2a	Pgrm Begin Date	10	Display Only		This date is populated from Pending Eligibility screen
2b	End	10	Display Only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display Only		This status is populated from the Client Eligibility Status (Field 5)
3a	Medi-Cal #	14	From MEDS 2100 transaction -or- Alpha numeric	No	14 digit Medi-Cal number (must be unique for each patient) Can be populated from the preceding MEDS 2100 data (user is allowed to edit) -or- User entered -or- Both. Duplicates are not allowed. If a duplicate is entered, a message to user: Duplicate Medi-Cal # on Case: xxxxxx Wrong ( ) Enter After the user selects "Enter" they are returned to the Main Screen.
3b	Mother's Medi-Cal#	14	Alpha numeric	No	14 digit Medi-Cal number assigned to the patient (must be unique for each mother). Duplicates are not allowed. If a duplicate is entered, a message to user: Duplicate Medi-Cal # on Case: xxxxxx Wrong ( ) Enter After the user selects "Enter" they are returned to the Main Screen.
4	SOC	5	Display Only	No	SHARE OF COST AMOUNT Certain recipients are obligated to meet a share of cost requirement. Populated from the preceding MEDS 2100 transaction MEDS position: 73

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Field #	Field Name	Length	Type	Required	Description/Comments
5	Cert Dt	10	Display Only	No	SOC CERT DAY The day of the month that the share of medicaid Populated from the preceding MEDS 2100 t MEDS position: 74
6	Medi-Cal Denied	3	Picklist	No	MEDI-CAL DENIED User entered, Values: "Yes" or "No".
7	Known to CMS	1	Display Only	No	KNOWN TO CMS INDICATOR Numeric value used to indicate if a patient h GHPP or both programs. Populated from preceding MEDS 2100 trans Valid Values include: 0 - Remove CCS/GHPP from MEDS 1 - Known to CCS 2 - Known to GHPP 3 - Known to both CCS & GHPP MEDS position: 15
8	Notify CMS	1	Display Only	No	NOTIFY CMS INDICATOR Value used to identify if CMS would like to c regarding this patient Populated from preceding MEDS 2100 trans Valid Values include: Y - Notify CMS N - Remove notation MEDS position: 16
7a	MGD Name	55	Display Only	No	MANAGED CARE PROVIDER NAME Can match up to 5 providers. Identifies the Medi-Cal related Prepaid Heal Use the 3 digit Health Care Plan Code from if present, and match to the 3 digit Load Id i Care Provider Table. (Table 3990), display l MEDS position: 91, 93, 95, 97, 99

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
7b	Status	55	Display Only	No	MANAGED CARE PLAN STATUS Identifies a recipient's enrollment status in a managed care plan. Use the 2 digit Health Care Plan Status Code from the Health Care Plan Status Code Table, if present, and match to the Health Care Plan Status Code in the CMS Net HCP Status Table. (Table 3990) MEDS position: 92, 94, 96, 98, 100
7c	Plan Type	14	Display Only	No	MANAGED CARE PLAN TYPE Identifies the type of plan the recipient has. If the 3 digit Health Care Plan Code from the Health Care Plan Status Code Table matches the 3 digit Load Id in CMS Net use the Managed Care Provider Table. (Table 3990)
7d	Services Covered	8	Display Only	No	SERVICES COVERED If the 3 digit Health Care Plan Code from the Health Care Plan Status Code Table matches the 3 digit Load Id in CMS Net use the Managed Care Provider Table. (Table 3990)
8a	Pri-Aidcode	2	Display Only	No	PRIMARY AID CODE Identifies primary program eligibility in MEDS. Populated from the preceding MEDS 2100 field. MEDS position: 77
8b	Pri-Elig	3	Display Only	No	PRIMARY ELIGIBILITY A 3 position code which reflects primary eligibility. Populated from the preceding MEDS 2100 field. MEDS position: 78
8c	T Dt	10	Display Only	No	PRIMARY TERMINATION DATE The date that a recipient's primary Medi-Cal eligibility category ends in MEDS. Populated from the preceding MEDS 2100 field. MEDS format: CCYYMMDD MEDS position: 75
8d	Pri-T Reason	2	Display Only	No	PRIMARY TERMINATION REASON Reason a recipient was terminated from Medi-Cal. Populated from the preceding MEDS 2100 field. MEDS position: 76
9a	SP1-Aidcode	2	Display Only	No	SPECIAL 1 AID CODE Identifies Special Program 1 eligibility in MEDS. Populated from the preceding MEDS 2100 field. MEDS position: 81



# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
9b	SP1-Elig	3	Display Only	No	<p><b>SPECIAL 1 ELIGIBILITY</b></p> <p>A 3 position code which reflects Special Program 1 card issuance status, etc. in MEDS.</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS position: 82</p>
9c	T Dt	10	Display Only	No	<p><b>SPECIAL 1 TERMINATION DATE</b></p> <p>The date that a recipient's Special Program 1 category ends in MEDS.</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS format: CCYYMMDD</p> <p>MEDS position: 79</p>
9d	T1-Reason	2	Display Only	No	<p><b>SPECIAL 1 TERMINATION REASON</b></p> <p>Reason recipient terminated from Special Program 1</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS position: 80</p>
10a	SP2-Aidcode	2	Display Only	No	<p><b>SPECIAL 2 AID CODE</b></p> <p>Identifies Special Program 2 eligibility in MEDS.</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS position: 85</p>
10b	SP2-Elig	3	Display Only	No	<p><b>SPECIAL 2 ELIGIBILITY</b></p> <p>A 3 position code which reflects Special Program 2 card issuance status, etc. in MEDS.</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS position: 86</p>
10c	T Dt	10	Display Only	No	<p><b>SPECIAL 2 TERMINATION DATE</b></p> <p>The date that a recipient's Special Program 2 category ends in MEDS.</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS format: CCYYMMDD</p> <p>MEDS position: 83</p>
10d	T2-Reason	2	Display Only	No	<p><b>SPECIAL 2 TERMINATION REASON</b></p> <p>Reason recipient terminated from Special Program 2</p> <p>Populated from the preceding MEDS 2100 field</p> <p>MEDS position: 84</p>

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
11a	SP3-Aidcode	2	Display Only	No	SPECIAL 3 AID CODE Used to report the IRCA/OBRA aid code in MEDS. Populated from the preceding MEDS 2100 t MEDS position: 89
11b	SP3-Elig	3	Display Only	No	SPECIAL 3 ELIGIBILITY A 3 position code which reflects Special Pro card issuance status, etc. in MEDS. Populated from the preceding MEDS 2100 t MEDS position: 90
11c	T Dt	10	Display Only	No	SPECIAL 3 TERMINATION DATE The date that a recipient's Special program category ends in MEDS. Populated from the preceding MEDS 2100 t MEDS Format: CCYYMMDD MEDS position: 87
11d	T3-Reason	2	Display Only	No	SPECIAL 3 TERMINATION REASON Reason recipient terminated from Special P Populated from the preceding MEDS 2100 t MEDS position: 88
12	Medicare	2	Display Only	No	MEDICARE STATUS CODE Reflects recipient's Medicare Part A and Pa MEDS. Populated from the preceding MEDS 2100 t MEDS position: 72
13	HIC #	12	Text	No	HEALTH INSURANCE CLAIM NUMBER User entered
14	Comments	72 x 3	Text	No	Automatically saves to Narrative.
15	Last Update By	30	Display only	No	Displays the last user's name who modified
16	Date	10	Display only	No	Displays the date of the last change.

### **3.5.3 Medi-Cal Coverage Functionality**

The Medi-Cal Coverage screen can be updated either through the MEDS 2100 transaction and a match against the Managed Care Provider (within CMS Net), or user entered information.

### **3.5.4 Special Processing Rules**

The following paragraphs detail the special processing rules that apply to the Medi-Cal Coverage screen.

#### **3.5.4.1 Action Menu**

If accessed after the MEDS 2100 transaction has been performed from the "View MEDS Healthy Families Coverage" screen, the Medi-Cal Coverage Action Menu shall have the following selections:

View MEDS transaction data,  
Update with MEDS transaction data,  
CMS Net Insurance Coverage,  
CMS Net Healthy Families Coverage,  
Cancel, and  
Quit.

If accessed from the Eligibility Menu the Medi-Cal Coverage screen Action Menu shall have the following selections:

Save,  
Cancel, and  
Quit.

##### **3.5.4.1.1 View MEDS Transaction Data**

If the user selects 'View MEDS Transaction Data' from the action menu they shall be taken back to the "Search MEDS" screen and have the ability to scroll through the series of four screens to view the displayed MEDS data.

##### **3.5.4.1.2 Update with MEDS Transaction Data**

If the user selects 'Update with MEDS Transaction Data' from the action menu they shall be presented with an pop-up message advising of the Date of Service inquired on and asking if they really would like to update. Figure 3-6 illustrates the pop-up message.

The Date of Service you inquired on is:  
99/99/9999  
Do you really want to update?  
(?) Yes  
( ) No

**Figure 3-6, Update with MEDS Transaction Data Pop-Up Message**

If the user selects 'Yes' the pop-up message is closed and the Medi-Cal Coverage screen shall be updated with the data elements provided on the MEDS 2100 transaction. The user shall then be branched to the Medi-Cal Coverage Branch Menu.

If the user selects 'No' the pop-up message is closed and they shall be returned to the Medi-Cal Coverage screen.

**3.5.4.1.3 Save**

'Save' shall appear on the action menu if the user has accessed the screen from the Eligibility Menu. If the user selects 'Save' from the action menu the system shall save the data on the screen and branch the user to the Medi-Cal Coverage Branch Menu.

**3.5.4.1.4 CMS Net Insurance Coverage**

If the user selects 'CMS Net Insurance Coverage' from the action menu they shall be branched to the "Insurance Coverage" screen where they can view the CMS Net Insurance Coverage data.

**3.5.4.1.5 CMS Net Healthy Families Coverage**

If the user selects 'CMS Net Healthy Families Coverage' from the action menu they shall be branched to the "Healthy Families Coverage" screen where they can view the CMS Net Healthy Families Coverage data.

**3.5.4.1.6 Cancel**

Changes shall not be saved to the screen and the user shall be branched to the Eligibility Menu.

**3.5.4.1.7 Quit**

The Action Menu shall be closed and the user shall be returned to the Medi-Cal Coverage screen. Changes will not be saved.

**3.5.5 Branching**

If the user has accessed the Medi-Cal Coverage screen from the Eligibility Menu and has performed a 'save' function they shall be presented with a branch menu. Figure 3-7 illustrates the branch menu that shall be displayed.

- ( ) Mail Message for Medi-Cal Coverage
- ( ) Narrative for Medi-Cal Coverage
- ( ) Eligibility Menu

**Figure 3-7, Medi-Cal Coverage Branch Menu**

If the user has accessed the Medi-Cal Coverage screen from any of the View MEDS Coverage screens and selected the "Update with MEDS Transaction Data" option from the action menu they shall be presented a branch menu. Figure 3-8 illustrates the branch menu that shall be displayed.

- (?) CMS Net Insurance Coverage
- ( ) CMS Net Healthy Families Coverage
- ( ) MEDS Transaction Data
- ( ) Mail Message for Medi-Cal Coverage
- ( ) Narrative for Medi-Cal Coverage
- ( ) Eligibility Menu

**Figure 3-8, Medi-Cal Coverage Branch Menu subsequent to MEDS Update**

### 3.6 INSURANCE COVERAGE SCREEN

The user can access the Insurance Coverage Screen in one of six ways. By selecting "Insurance Coverage" from the Eligibility Menu, by selecting "View CMS Net Insurance Coverage" from the Action Menu on the View MEDS Healthy Families Coverage screen, by selecting "View CMS Net Insurance Coverage" from the Action Menu on either the Medi-Cal Coverage or Healthy Families Coverage screens, or by selecting "CMS Net Insurance Coverage" from the Branch Menu on either the Medi-Cal Coverage or Healthy Families Coverage screens. Figure 3-9 illustrates the Insurance Coverage Screen.

0	1	2	3	4	5	6	7	8
1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET INSURANCE COVERAGE CMSELIG-99							
2	-----							
3	Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CCS#: 9999999 CIN: 99999999X 9							
4	1)							
5	Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXXXX REG=XXX MED=X F/R=XXXXXXXXXXXX							
6	2)							
7	Pgrm Begin Date 99/99/9999 End 99/99/9999 CCS Elig Status XXXXXXXXXXXXXXXXXXXX							
8								
9	3a)							
10	b)	1 Carrier XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX+ 4) Ccode XXXX 5) Type XXXXXXXXXXXX+						
11	c)	St1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX 6) Pol # XXXXXXXXXXXXXXXXXXXXXXXXXXXX						
12	d)	St2 XXXXXXXXXXXXXXXXXXXXXXXX 7) Deductible 999999 8) Max Benefits 999999						
13	f)	Cty XXXXXXXXXXXXXXXXXXXXXXXX e) St XX 9) Start 99/99/9999 10) Stop 99/99/9999						
14	Zip 99999 g) Ph # 999-999-9999 11) Scope: XXXXXXXXXXXXXXXX							
15	Policy Holder Information: 12) Excluded Benefits XXXXXXXXXXXXXXXX							
16	13a)	Last First M.						
17	d)	Nm XXXXXXXXXXXXXXXX b) XXXXXXXXXXXX c) X.						
18	e)	Phone # 999-999-9999						
19	Relationship to Pol. Holder XXXXXXXX+							
20	14)							
21	Comment XX							
22	XXX							
23	XXX							
24	15)							
Last Update By XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 16) Date 99/99/9999								

Figure 3-9, Insurance Coverage Screen Layout

### 3.6.1 New Fields

Table 3-7 identifies the new fields required for the Insurance Coverage screen.

**Table 3-7, Insurance Coverage Screen New Fields**

Field Name	Field #
St1, St2, Cty, Zip	3b - f
Phone #	3g
Type	5
Policy Holder Name	13a - c
Policy Holder Phone #	13d
Relationship to Pol. Holder	13e

### 3.6.2 Insurance Coverage Screen Data Dictionary

Table 3-8 provides a description of each of the fields for the Insurance Coverage screen.

**Table 3-8, Insurance Coverage Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display only		Common header from the Patient Register
2a	Pgrm Begin Date	10	Display only		This date is populated from Pending Eligibility screen
2b	End	10	Display only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display only		This status is populated from the Client Elig Status (Field 5)
3a	Carrier		From MEDS 2100 transaction -or- Picklist -or- Free Text	Yes	<p>INSURANCE CARRIER NAME</p> <p>Can match up to 10 carriers from the MEDS 2100 transaction, however, no limit will be placed on the number of carriers displayed.</p> <p>Case 1:</p> <p>The carrier code from the MEDS 2100 transaction does not match the carrier code in CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage Screen. User can search the Carrier Master File for carrier name or carrier code in the name field. If the carrier is found, user can choose carrier from the pick-list. If the carrier is not found, would you like to enter a new carrier? If 'Yes' land cursor on carrier name field and press enter. If the user chooses 'No' land cursor on carrier code field and press enter. User can perform additional searches of the Carrier Master File.</p> <p>Case 2:</p> <p>No carrier data is returned from MEDS 2100 transaction. User can search the Carrier Master File for carrier name or carrier code in the name field. If the carrier is found, user can choose carrier from the pick-list. If the carrier is not found, would you like to enter a new carrier? If 'Yes' land cursor on carrier name field and press enter. If the user chooses 'No' land cursor on carrier code field and press enter. User can perform additional searches of the Carrier Master File.</p> <p>Case 3:</p> <p>No carrier data is returned from MEDS 2100 transaction. User can search the Carrier Master File for carrier name or carrier code in the name field. If the carrier is found, user can choose carrier from the pick-list. If the carrier is not found, would you like to enter a new carrier? If 'Yes' land cursor on carrier name field and press enter. If the user chooses 'No' land cursor on carrier code field and press enter. User can perform additional searches of the Carrier Master File.</p> <p>MEDS position: 193, 211, 229, 247, 261 (Name)</p>



# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
3b	St1	30	From MEDS 2100 transaction -or- Free Text	No	INSURANCE CARRIER STREET 1 ADDRESS Display insurance carrier street 1 address user not allowed to edit. -OR- User entered
3c	St2	30	From MEDS 2100 transaction -or- Free Text	No	INSURANCE CARRIER STREET 2 ADDRESS Display insurance carrier street 2 address user not allowed to edit. -OR- User entered
3d	Cty	23	Display Only	Yes	INSURANCE CARRIER CITY Display insurance carrier city from the C allowed to edit. -OR- Populated based on zip code selection.
3e	St	2	Display Only	Yes	INSURANCE CARRIER STATE Display insurance carrier state from the allowed to edit. -OR- Populated based on zip code selection.
3f	Zip	5	From MEDS 2100 transaction -or- Picklist	No	INSURANCE CARRIER ZIP CODE Display insurance carrier zip code from not allowed to edit. -OR- User can search by zip code or first 5 cl picklist.
3g	Ph #	12	Picklist -or- Numeric	No	INSURANCE CARRIER PHONE NUMBER Display insurance carrier phone number user is allowed to edit. -OR- User entered.
4	Ccode	4	Display Only	No	INSURANCE CARRIER CODE This field is display only and will only be MEDS 2100 transaction response - or- the user chooses a carrier from the Car MEDS position: 194, 212, 230, 248, 266

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
5	Type	10	Picklist	No	TYPE OF INSURANCE COVERAGE Values: HMO, PPO INDEMNITY, and OTHER (62101,.02)
6	Pol #	30	From MEDS 2100 transaction -or- Free Text	Yes	INSURANCE POLICY NUMBER Populated from the preceding MEDS 2100 transaction (User is allowed to edit) -or- User entered -or- Both. MEDS position: 195, 213, 231, 249, 265
7	Deductible	8	Numeric	No	DEDUCTIBLE Numeric field, user can enter deductible amount. Cannot be a negative integer. Must be a whole number. No punctuation allowed.
8	Max Benefits	9	Numeric	No	MAXIMUM BENEFIT AMOUNT Numeric field, user can enter maximum benefit amount. Cannot be a negative integer. Must be a whole number. No punctuation allowed.
9	Start	10	From MEDS 2100 transaction -or- Date	No	POLICY START DATE The date that the insurance policy became effective. Populated from the preceding MEDS 2100 transaction (User is allowed to edit) -or- User entered -or- Both. MEDS Format: CCYYMMDD MEDS position: 197, 215, 233, 251, 269

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
10	Stop	10	From MEDS 2100 transaction -or- Date	No	<p>POLICY STOP DATE</p> <p>The date that the insurance policy stopped.</p> <p>Populated from the preceding MEDS 2100 transaction (User is allowed to edit)</p> <p>-or-</p> <p>User entered</p> <p>-or-</p> <p>Both.</p> <p>MEDS Format: CCYYMMDD, a date on or after 12/31/9999 shall be allowed and no other date.</p> <p>MEDS position: 198, 216, 234, 252, 270</p>
11	Scope	16	From MEDS 2100 transaction -or- Multiple Picklist	No	<p>SCOPE OF COVERAGE</p> <p>Type of coverage, e.g., vision.</p> <p>New table within CMS Net.</p> <p>Populated from the preceding MEDS 2100 transaction</p> <p>-or-</p> <p>User entered</p> <p>-or-</p> <p>Both.</p> <p>D (Dental), I (Hospital Inpatient), L (Long Term Care), M (Medical and Allied Services), O (Hospital Outpatient), P (Prescription Drugs), and V (Vision Care)</p> <p>Minimum of 0, Maximum of 7</p> <p>MEDS position: 196, 214, 232, 250, 268</p>

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
12	Excluded Benefits	25	Multiple Picklist	No	<p>EXCLUDED BENEFITS</p> <p>Benefits that the insurance carrier does not cover. New table in CMS Net, values shall include:</p> <ul style="list-style-type: none"> <li>Brace Repairs,</li> <li>Braces,</li> <li>Dental,</li> <li>Glasses Repairs,</li> <li>Hearing Accessories,</li> <li>Hearing Aids,</li> <li>Misc. Equipment,</li> <li>Orthodontics,</li> <li>Other, and</li> <li>Shoes.</li> </ul> <p>Minimum of 0, Maximum of 10</p>
13a	Nm (Last)	15	<p>From MEDS 2100 transaction</p> <p>-or-</p> <p>Free Text</p>	Yes	<p>POLICY HOLDER LAST NAME</p> <p>Populated from the preceding MEDS 2100 transaction (User is allowed to edit)</p> <p>-or-</p> <p>User entered</p> <p>-or-</p> <p>Both.</p> <p>MEDS position: 201, 219, 237, 255, 273, 363</p>
13b	Nm (First)	10	<p>From MEDS 2100 transaction</p> <p>-or-</p> <p>Free Text</p>	Yes	<p>POLICY HOLDER FIRST NAME</p> <p>Populated from the preceding MEDS 2100 transaction (User is allowed to edit)</p> <p>-or-</p> <p>User entered</p> <p>-or-</p> <p>Both.</p> <p>MEDS position: 202, 220, 238, 256, 274</p>

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
13c	Nm (M.I.)	1	From MEDS 2100 transaction -or- Free Text	No	POLICY HOLDER MIDDLE INITIAL Populated from the preceding MEDS 2100 (User is allowed to edit) -or- User entered -or- Both. MEDS position: 203, 221, 239, 257, 271
13d	Phone #	12	From MEDS 2100 transaction -or- Numeric	No	POLICY HOLDER PHONE NUMBER Populated from the preceding MEDS 2100 (User is allowed to edit) -or- User entered Both. MEDS position: 204, 222, 240, 258, 272
13e	Relationship to Policy Holder	15	From MEDS 2100 transaction -or- Picklist	No	RELATIONSHIP TO POLICY HOLDER Subscriber's relationship to policy holder Populated from the preceding MEDS 2100 (User is allowed to edit) -or- User entered -or- Both. New table in CMS Net, values shall include: P (Self), S (Spouse), D (Dependant), and O (Other). MEDS position: 199, 217, 235, 253, 273
14	Comment	72X3	Text	No	Automatically populates narrative.
15	Last Update By	30	Display Only	No	Displays the last user's name who modified.
16	Date	10	Display Only	No	Displays the date of the last change.

### **3.6.3 Insurance Coverage Functionality**

The Insurance Coverage screen can be updated either through the MEDS 2100 transaction and a match against the Third Party Liability's Carrier Master File, or user entered information.

### **3.6.4 Special Processing Rules**

The following paragraphs detail the special processing rules that apply to the Insurance Coverage screen.

#### **3.6.4.1 Action Menu**

The Insurance Coverage Action Menu shall have the following selections:

View MEDS transaction data,  
Update with MEDS transaction data,  
CMS Net Medi-Cal Coverage,  
CMS Net Healthy Families Coverage,  
Cancel, and  
Quit.

If accessed from the Eligibility Menu the Insurance Coverage screen Action Menu shall have the following selections:

Save,  
Cancel, and  
Quit.

#### **3.6.4.1.1 View MEDS Transaction Data**

If the user selects 'View MEDS Transaction Data' from the action menu they shall be taken back to the "Search MEDS" screen and have the ability to scroll through the series of four screens to view the displayed MEDS data.

#### **3.6.4.1.2 Update with MEDS Transaction Data**

If the user selects 'Update with MEDS Transaction Data' from the action menu they shall be presented with the pop-up message displayed in Figure 3-6. If the user selects 'Yes' the system shall also attempt to match on the Carrier Code, Start Date and Policy Number OR if there is no Carrier Code present the system shall attempt to match on the Policy Number and Start Date to determine if there is a duplicate carrier on file. If one or more matches are found, a pop-up message is presented to the user. Figure 3-10 illustrates the pop-up message.

Insurance information for this carrier is already on file for this patient. Choose one of the following selections:

- (?) Update Existing Record
- ( ) Add a New Record
- ( ) Return to Search MEDS Screen

### **Figure 3-10, Duplicate Carrier Pop-Up Message**

If the user selects "Update Existing Record" and multiple matches are found the user shall be presented with a pick-list of the matched CMS Net records. The pick-list shall include the following data elements:

Carrier Name,

Policy #,

Start Date, and

Stop Date.

Choosing a selection from the pick-list shall update the chosen record with the MEDS 2100 transaction information and return the user to the Search MEDS Screen.

If the MEDS 2100 transaction has additional carrier records, the user may navigate to the View MEDS Insurance Coverage Screen and continue processing.

If the user selects "Add a New Record" and multiple matches are found the user shall be presented with the above referenced pick-list for viewing, upon choosing 'Quit' from the pick-list CMS Net shall be updated with the MEDS 2100 transaction insurance information (a new record is added) and the user is returned to the Search MEDS Screen.

If the user selects "Return to Search MEDS Screen" they are returned to the Search MEDS Screen.

#### **3.6.4.1.3 Save**

'Save' shall appear on the action menu if the user has accessed the screen from the Eligibility Menu. If the user selects 'Save' from the action menu the system shall attempt to match on the Carrier Code, Start Date and Policy Number OR if there is no Carrier Code present the system shall attempt to match on the Policy Number and Start Date to determine if there is a duplicate carrier on file. If no match is found, the information on the Insurance Coverage Screen is saved (a new record is added) and the user is presented with the Insurance Coverage Branch Menu.

If one or more matches are found, the user is presented with a pop-up message indicating that there is a duplicate carrier. Figure 3-11 illustrates the pop-up message.

Insurance information for this carrier is already on file for this patient. Choose one of the following selections:

- (?) Update Existing Record
- ( ) Add a New Record
- ( ) Return to Insurance Coverage Screen

#### **Figure 3-11, Duplicate Carrier Pop-Up Message (Save)**

If the user selects "Update Existing Record" and multiple matches are found the user shall be presented with a pick-list of the matched records. The pick-list shall include the following data elements:

Carrier Name,

Policy #,

Start Date, and

Stop Date.

Choosing a selection from the pick-list shall update the chosen record with the insurance information and present the user with the Insurance Coverage Branch Menu.

If the user selects "Add a New Record" and multiple matches are found, the user shall be presented with the above referenced pick-list for viewing, upon choosing 'Quit' from the pick-list a new record shall be added with the insurance information and the user shall be presented with the Insurance Coverage Branch Menu.

If the user selects "Return to Insurance Coverage Screen" they are returned to the Insurance Coverage Screen.

The HI39 transaction shall be triggered after the 'Save' function has been performed.

#### **3.6.4.1.4 CMS Net Medi-Cal Coverage**

If the user selects 'CMS Net Medi-Cal Coverage' from the action menu they shall be branched to the "Medi-Cal Coverage" screen where they can view the CMS Net Medi-Cal Coverage data.

#### **3.6.4.1.5 CMS Net Healthy Families Coverage**



If the user selects 'CMS Net Healthy Families Coverage' from the action menu they shall be branched to the "Healthy Families Coverage" screen where they can view the CMS Net Healthy Families Coverage data.

#### **3.6.4.1.6 Cancel**

Changes shall not be saved to the screen and the user shall be branched to the Eligibility Menu.

#### **3.6.4.1.7 Quit**

The Action Menu shall be closed and the user shall be returned to the Insurance Coverage screen. Changes will not be saved.

### **3.6.5 Branching**

If the user has accessed the Insurance Coverage screen from the Eligibility Menu and has performed a 'save' function they shall be presented with a branch menu. Figure 3-12 illustrates the branch menu that shall be displayed.

- |   |
|---|
| <ul style="list-style-type: none"><li>( ) Mail Message for Insurance Coverage</li><li>( ) Narrative for Insurance Coverage</li><li>( ) Eligibility Menu</li></ul> |
|---|

**Figure 3-12, Insurance Coverage Branch Menu**

If the user has accessed the Insurance Coverage screen from any of the View MEDS Coverage screens and selected the "Update with MEDS Transaction Data" option from the action menu they shall be presented a branch menu. Figure 3-13 illustrates the branch menu that shall be displayed.

- |   |
|---|
| <ul style="list-style-type: none"><li>(?) CMS Net Medi-Cal Coverage</li><li>( ) CMS Net Healthy Families Coverage</li><li>( ) MEDS Transaction Data</li><li>( ) Mail Message for Insurance Coverage</li><li>( ) Narrative for Insurance Coverage</li><li>( ) Eligibility Menu</li></ul> |
|---|

**Figure 3-13, Insurance Coverage Branch Menu subsequent to MEDS Update**

### 3.7 HEALTHY FAMILIES COVERAGE

The user can access the Healthy Families Coverage Screen in one of six ways. By selecting "Healthy Families Coverage" from the Eligibility Menu, by selecting "View CMS Net Healthy Families Coverage" from the Action Menu on the View MEDS Healthy Families Coverage screen, by selecting "View CMS Net Healthy Families Coverage" from the Action Menu on either the Medi-Cal Coverage or Insurance Coverage screens, or by selecting "CMS Net Healthy Families Coverage" from the Branch Menu on either the Medi-Cal Coverage or Insurance Coverage screens. Figure 3-14 illustrates the Healthy Families Coverage Screen.

	0	1	2	3	4	5	6	7	8
	1234567890123456789012345678901234567890123456789012345678901234567890								
1	CMSNET	HEALTHY FAMILIES COVERAGE						CMSELIG-99	
2	-----								
3	Pt Nm:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				CCS#:	9999999	CIN:	99999999X 9
4	1)								
5	Gender:	X	DOB:	99/99/9999	Lgl Co:	XXXXXXXXXX	REG=	XXX	MED=
6	2)								
7	Pgrm Begin Date	99/99/9999	End	99/99/9999	CCS Elig Status	XXXXXXXX1XXXXXXXXXX			
8									
9	3)								
10	Medi-Cal #:	999999999999999							
11	4a)								
	Carrier:	XXXXXXXX1XXXXXXXX2XXXXXXXX3				5) CCode:	9999		
12	b)	St1:	XXXXXXXX1XXXXXXXX2XXXXXXXX3				6) Start:	99/99/9999	7) Stop:
13	c)	St2:	XXXXXXXX1XXXXXXXX2XXXXXXXX3				8) Pol #:	99999999999999999999999999999999	
14	d)	City:	XXXXXXXX1XXXXXXXX2		e) St:	XX	9) Scope:	XXXXXXXX1XXXXXX	
15	f)	Zip:	99999	g) Phone:	9999999999				
16	h)	Contact Person:	XXXXXXXX1XXXXXXXX2XXXXXXXX3						
17									
18	10a)	Hlthy Fam Day In:	99	b) Day Out:	99	11a):	SP-Aidcode	99	b) SP-Elig
19									
20	12)	Comment	XX						
21			XX						
22			XX						
23									
24	13)	Last Update By	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				14) Date	99/99/9999	

**Figure 3-14, Healthy Families Coverage Screen**

### 3.7.1 New Fields

Table 3-9 identifies the new fields required for the Healthy Families Coverage screen.

**Table 3-9, Healthy Families Coverage Screen New Fields**

Field Name	Field #
St1	4b
St2	4c
City	4d
St	4e
Zip	4f
Phone	4g
Contact Person	4h

### 3.7.2 Healthy Families Coverage Screen Data Dictionary

Table 3-10 provides a description of each of the field for the Healthy Families Coverage screen.

**Table 3-10, Healthy Families Coverage Screen Data Dictionary**

Field #	Field Name	Length	Type	Required	Description/Comments
1	(header)	N/A	Display only		Common header from the Patient
2a	Pgrm Begin Date	10	Display only		This date is populated from Pending Eligibility screen
2b	End	10	Display only		This date is populated from Pending Eligibility screen
2c	CCS Elig Status	20	Display only		This status is populated from the 10) CCS Elig Status (Field 5)
3	Medi-Cal #	14	From MEDS 2100 transaction -or- Alpha Numeric	No	<p>MEDI-CAL #</p> <p>14 digit Medi-Cal number (must be 14 digits)</p> <p>Can be populated from the previous response data (user is allowed to enter new data)</p> <p>-or-</p> <p>User entered</p> <p>-or-</p> <p>Both.</p> <p>Duplicates are not allowed. If a duplicate is entered, the following message to user:</p> <p>Duplicate Medi-Cal # on Case: xxxxxxxx</p> <p>( ) Enter</p> <p>After the user selects "Enter" they will be taken to the Healthy Families Coverage Screen.</p>

CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
4a	Carrier	30	From MEDS 2100 transaction -or- Picklist -or- Free text	No	<p>HEALTHY FAMILIES CARRIER M</p> <p>Can match up to 10 carriers from however, no limit will be placed on entered.</p> <p>Case 1:</p> <p>The carrier code from the MEDS matches or does not match the ca</p> <p>If OHC Code = '9' Display Healthy else, display on Insurance Covera to edit. <b>(Actual process of match a later date, awaiting a respons</b></p> <p>Case 2:</p> <p>No carrier data is returned from M</p> <p>User can search the Carrier Mast partial name or carrier code in the found a pick-list shall be displayed from pick-list. The pick-list shall b without an OHC code of '9' and ca 'P' (suspended).</p> <p>Case 3:</p> <p>No carrier data is returned from M</p> <p>User can search the Carrier Mast partial name or carrier code in the are found user can exit the pick-li display a message 'Carrier not fou new one?' If the user chooses 'Y name field and allow user to ente chooses 'No' land cursor on carri perform additional searches of the</p> <p>MEDS position: 193, 211, 229, 2355 (Name)</p>
4b	St1	30	Display Only -or- Free Text	No	<p>HEALTHY FAMILIES CARRIER S</p> <p>Display healthy families carrier str Carrier Master File, user not allow</p> <p>-or-</p> <p>User entered</p>
4c	St2	30	Display Only -or- Free Text	No	<p>HEALTHY FAMILIES CARRIER S</p> <p>Display healthy families carrier str Carrier Master File, user not allow</p> <p>-or-</p> <p>User entered</p>

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
4d	Cty	23	Display Only	No	HEALTHY FAMILIES CARRIER C Display healthy families carrier cit File, user not allowed to edit. -or- Populated based on zip code sele
4e	St	2	Display Only	No	HEALTHY FAMILIES CARRIER S Display healthy families carrier sta File, user not allowed to edit. -or- Populated based on zip code sele
4f	Zip	5	Display Only -or- Picklist	No	HEALTHY FAMILIES CARRIER Z Display healthy families carrier zip Master File, user not allowed to e -or- User can search by zip code or fir display a picklist.
4g	Ph #	12	Picklist -or- Numeric	No	HEALTHY FAMILIES CARRIER P Display healthy families carrier ph Master File, user is allowed to edi -or- User entered.
4h	Contact Person	30	Picklist -or- Alpha	No	HEALTHY FAMILIES CARRIER C Display healthy families 'Carrier A Carrier Master File, user is allowe -or- User entered.
5	Ccode	4	Display Only	No	HEALTHY FAMILIES PLAN CAR This field is display only and will c on the MEDS 2100 transaction on from the Carrier Master File pick-l MEDS position: 194, 212, 230, 24 356

CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
6	Start	10	From MEDS 2100 transaction -or- Date	No	POLICY START DATE  The date that the healthy families effective.  Populated from the preceding ME response. (User is allowed to edit)  -or-  User entered  -or-  Both.  MEDS Format: CCYYMMDD  MEDS position: 197, 215, 233, 235, 359
7	Stop	10	From MEDS 2100 transaction -or- Date	No	POLICY STOP DATE  The date that the healthy families effective.  Populated from the preceding ME response. (User is allowed to edit)  -or-  User entered  -or-  Both.  MEDS Format: CCYYMMDD, a response that contains 12/31/999 represents and open end-date.  MEDS position: 198, 216, 234, 235, 360
8	Pol #	30	Free text	Yes	HEALTHY FAMILIES INSURANCE  Populated from the preceding ME response. (User is allowed to edit)  -or-  User entered  -or-  Both.  MEDS position: 195, 213, 231, 235, 357

# CMS Net/E47-306 Medi-Cal, Insurance, and Healthy Families Coverage (CCS)

Field #	Field Name	Length	Type	Required	Description/Comments
9	Scope	16	From MEDS 2100 transaction	No	SCOPE OF COVERAGE Type of coverage, e.g., vision Populated from the preceding ME response. (User is allowed to edit) MEDS position: 196, 214, 232, 235, 358
10a	Day In	2	Display only	No	HEALTHY FAMILIES DAY IN Populated from the preceding ME response , Healthy Families Spec MEDS position: 101
10b	Day Out	2	Display only	No	HEALTHY FAMILIES OUT DAY Populated from the preceding ME response , Healthy Families Spec MEDS position: 102
11a	Sp-Aidcode	2	Display only	No	SPECIAL AIDCODE If any Special Program1, 2, or 3 s MEDS 2100 transaction contain 'S MEDS position: 81, 85 or 89
11b	Sp-Elig	3	Display only	If Sp-Aidcode is populated	SPECIAL ELIGIBILITY Display eligibility status from spec displayed in field 15a. MEDS position: 82, 86 or 90
12	Comment	72X3	Text	No	Automatically populates narrative
13	Last Update By	30	Display only	No	Displays the last user's name who
14	Date	10	Display only	No	Displays the date of the last chan



### **3.7.3 Healthy Families Coverage Functionality**

The Healthy Families Coverage screen can be updated either through the MEDS 2100 transaction and a match against Third Party Liability's Carrier Master File, or user entered information.

### **3.7.4 Special Processing Rules**

The following paragraphs detail the special processing rules that apply to the Healthy Families Coverage screen.

#### **3.7.4.1 Action Menu**

The Healthy Families Coverage Action Menu shall have the following selections:

View MEDS transaction data,  
Update with MEDS transaction data,  
CMS Net Medi-Cal Coverage,  
CMS Net Insurance Coverage,  
Cancel, and  
Quit.

If accessed from the Eligibility Menu the Healthy Families Coverage screen Action Menu shall have the following selections:

Save,  
Cancel, and  
Quit.

##### **3.7.4.1.1 View MEDS Transaction Data**

If the user selects 'View MEDS Transaction Data' from the action menu they shall be taken back to the "Search MEDS" screen and have the ability to scroll through the series of four screens to view the displayed MEDS data.

##### **3.7.4.1.2 Update with MEDS Transaction Data**

If the user selects 'Update with MEDS Transaction Data' from the action menu they shall be presented with the pop-up message displayed in Figure 3-6. If the user selects 'Yes' the system shall also attempt to match on the Carrier Code, Start Date and Policy Number OR if there is no Carrier Code present the system shall attempt to match on the Policy Number and Start Date to determine if there is a duplicate carrier on file. If one or more matches are found, a pop-up message is presented to the user. Figure 3-15 illustrates the pop-up message.

Healthy Families information for this carrier is already on file for this patient. Choose one of the following selections:

- (?) Update Existing Record
- ( ) Add a New Record
- ( ) Return to Search MEDS Screen

### **Figure 3-15, Duplicate Carrier Pop-Up Message (Healthy Families)**

If the user selects "Update Existing Record" and multiple matches are found the user shall be presented with a pick-list of the matched CMS Net records. The pick-list shall include the following data elements:

Carrier Name,

Policy #,

Start Date, and

Stop Date.

Choosing a selection from the pick-list shall update the chosen record with the MEDS 2100 transaction information and return the user to the Search MEDS Screen.

If the MEDS 2100 transaction has additional carrier records, the user may navigate to the View MEDS Healthy Families Coverage Screen and continue processing.

If the user selects "Add a New Record" and multiple matches are found the user shall be presented with the above referenced pick-list for viewing, upon choosing 'Quit' from the pick-list CMS Net shall be updated with the MEDS 2100 transaction insurance information (a new record is added) and the user is returned to the Search MEDS Screen.

If the user selects "Return to Search MEDS Screen" they are returned to the Search MEDS Screen.

### **3.7.4.1.3 Save**

'Save' shall appear on the action menu if the user has accessed the screen from the Eligibility Menu. If the user selects 'Save' from the action menu the system shall attempt to match on the Carrier Code, Start Date and Policy Number OR if there is no Carrier Code present the system shall attempt to match on the Policy Number and Start Date to determine if there is a duplicate carrier on file. If no match is found, the information on the Healthy Families

Coverage Screen is saved (a new record is added) and the user is presented with the Healthy Families Coverage Branch Menu.

If one or more matches are found, the user is present with a pop-up message indicating that there is a duplicate carrier. Figure 3-16 illustrates the pop-up message.

Healthy Families information for this carrier is already on file for this patient. Choose one of the following selections:

- (?) Update Existing Record
- ( ) Add a New Record
- ( ) Return to Healthy Families Coverage Screen

**Figure 3-16, Duplicate Carrier Pop-Up Message (Healthy Families - Save)**

If the user selects "Update Existing Record" and multiple matches are found the user shall be presented with a pick-list of the matched records. The pick-list shall include the following data elements:

Carrier Name,

Policy #,

Start Date, and

Stop Date.

Choosing a selection from the pick-list shall update the chosen record with the insurance information and present the user with the Healthy Families Coverage Branch Menu.

If the user selects "Add a New Record" and multiple matches are found, the user shall be presented with the above referenced pick-list for viewing, upon choosing 'Quit' from the pick-list a new record shall be added with the insurance information and the user shall be presented with the Healthy Families Coverage Branch Menu.

If the user selects "Return to Healthy Families Coverage Screen" they are returned to the Healthy Families Coverage Screen.

No HI39 transaction shall be triggered from a 'Save' on the screen.

#### **3.7.4.1.4 CMS Net Medi-Cal Coverage**

If the user selects 'CMS Net Medi-Cal Coverage' from the action menu they shall be branched to the "Medi-Cal Coverage" screen where they can view the CMS Net Medi-Cal Coverage data.

#### **3.7.4.1.5 CMS Net Insurance Coverage**

If the user selects 'CMS Net Insurance Coverage' from the action menu they shall be branched to the "Insurance Coverage" screen where they can view the CMS Net Insurance Coverage data.

#### **3.7.4.1.6 Cancel**

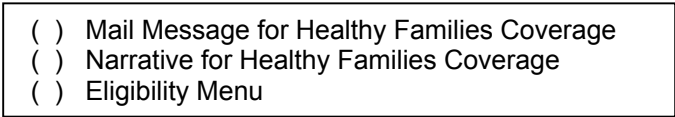
Changes shall not be saved to the screen and the user shall be branched to the Eligibility Menu.

#### **3.7.4.1.7 Quit**

The Action Menu shall be closed and the user shall be returned to the Healthy Families Coverage screen. Changes will not be saved.

### **3.7.5 Branching**

If the user has accessed the Healthy Families Coverage screen from the Eligibility Menu and has performed a 'save' function they shall be presented with a branch menu. Figure 3-17 illustrates the branch menu that shall be displayed.

- 
- ☐ Mail Message for Healthy Families Coverage
  - ☐ Narrative for Healthy Families Coverage
  - ☐ Eligibility Menu

**Figure 3-17, Healthy Families Coverage Branch Menu**

If the user has accessed the Healthy Families Coverage screen from any of the View MEDS Coverage screens and selected the "Update with MEDS Transaction Data" option from the action menu they shall be presented a branch menu. Figure 3-18 illustrates the branch menu that shall be displayed.

- 
- ☐ CMS Net Medi-Cal Coverage
  - ☐ CMS Net Insurance Coverage
  - ☐ MEDS Transaction Data
  - ☐ Mail Message for Healthy Families Coverage
  - ☐ Narrative for Healthy Families Coverage
  - ☐ Eligibility Menu

**Figure 3-18, Healthy Families Coverage Branch Menu subsequent to MEDS Update**

## 4 SUPPORTING INFORMATION

### 4.1 COBOL COPYBOOK

The COBOL Copybook, 'Katplan', as shown below is what shall be used when attempting a match with the carrier code from the MEDS 2100 transaction. Bolded are the current carrier code values that shall be used in the matching process. ITSD shall provide CMS with a replacement copy each time they have updated this copybook to ensure CMS continually has current Healthy Families carrier information.

01 WS-HF-MEDS-PLAN-TABLE.

05 WS-HF-MEDS-PLAN-VALUES.

10 FILLER	PIC X(08) VALUE '1001 <b>H367</b> '.
10 FILLER	PIC X(08) VALUE '1002 <b>H368</b> '.
10 FILLER	PIC X(08) VALUE '1003 <b>H369</b> '.
10 FILLER	PIC X(08) VALUE '1004 <b>H370</b> '.
10 FILLER	PIC X(08) VALUE '1005 <b>H401</b> '.
10 FILLER	PIC X(08) VALUE '1006 <b>H372</b> '.
10 FILLER	PIC X(08) VALUE '1007 <b>H373</b> '.
10 FILLER	PIC X(08) VALUE '1008 <b>H374</b> '.
10 FILLER	PIC X(08) VALUE '1009 <b>H375</b> '.
10 FILLER	PIC X(08) VALUE '1010 <b>H377</b> '.
10 FILLER	PIC X(08) VALUE '1011 <b>H378</b> '.
10 FILLER	PIC X(08) VALUE '1012 <b>H379</b> '.
10 FILLER	PIC X(08) VALUE '1013 <b>H380</b> '.
10 FILLER	PIC X(08) VALUE '1014 <b>H381</b> '.
10 FILLER	PIC X(08) VALUE '1015 <b>H382</b> '.
10 FILLER	PIC X(08) VALUE '1016 <b>H383</b> '.
10 FILLER	PIC X(08) VALUE '1017 <b>H384</b> '.
10 FILLER	PIC X(08) VALUE '1018 <b>H386</b> '.
10 FILLER	PIC X(08) VALUE '1019 <b>H387</b> '.
10 FILLER	PIC X(08) VALUE '1020 <b>H388</b> '.
10 FILLER	PIC X(08) VALUE '1021 <b>H389</b> '.

10 FILLER	PIC X(08) VALUE '1022 <b>H390</b> '.
10 FILLER	PIC X(08) VALUE '1023 <b>H391</b> '.
10 FILLER	PIC X(08) VALUE '1024 <b>H392</b> '.
10 FILLER	PIC X(08) VALUE '1025 <b>H393</b> '.
10 FILLER	PIC X(08) VALUE '1026 <b>H394</b> '.
10 FILLER	PIC X(08) VALUE '1027 <b>H395</b> '.
10 FILLER	PIC X(08) VALUE '1028 <b>H403</b> '.
10 FILLER	PIC X(08) VALUE '1030 <b>H402</b> '.
10 FILLER	PIC X(08) VALUE '2001 <b>H396</b> '.
10 FILLER	PIC X(08) VALUE '2002 <b>H397</b> '.
10 FILLER	PIC X(08) VALUE '2003 <b>H398</b> '.
10 FILLER	PIC X(08) VALUE '2004 <b>H399</b> '.
10 FILLER	PIC X(08) VALUE '2005 <b>H404</b> '.
10 FILLER	PIC X(08) VALUE '3001 <b>H400</b> '.

05 FILLER REDEFINES WS-HF-MEDS-PLAN-VALUES.

10 WS-PLAN-TBL OCCURS 35 TIMES

ASCENDING KEY IS HF-PLAN

INDEXED BY PLAN-IDX.

15 HF-PLAN	PIC X(04).
15 MEDS-PLAN	PIC X(04).

□

## **5 AMENDMENTS**

### **5.1 AMENDMENT 1**

Amendment 1 is created to add the MEDS position numbers to the data dictionary for the View MEDS Healthy Families Coverage Screen.

Tables affected:

Table 3-4

Table 3-4, Fields 6j-15j (SP-Aidcode) should include MEDS position numbers 81, 85, or 89.

Table 3-4, Fields 6k - 15k (Sp-Elig) should include MEDS position numbers 82, 86, or 90.

### **5.2 AMENDMENT 2**

Amendment 2 is created to change the "Scope" from being an editable field to a field that does not allow edits for the Healthy Families Coverage Screen.

Tables affected:

Table 3-10

Table 3-10, Field 9 (Scope) should NOT read "(User is allowed to edit)". This field shall only be populated from the preceding MEDS 2100 transaction data and the user shall not be allowed to edit this field.

### **5.3 AMENDMENT 3**

Amendment 3 is created to define the process of differentiating between the Healthy Families Carriers and other Insurance Carriers.

Sections affected:

Section 1.3

Tables affected:

Table 3-8

Table 3-10

Section 1.3 shall include a new Assumption and Constraint.

ITSD shall provide CMS with a copy of the Katplan COBOL copybook and ITSD shall continue to provide CMS with new copies when it has been modified. CMS shall use this copybook to identify Healthy Families Carriers.

Table 3-8, field 3a (Carrier), Case 1 in the description column shall be modified to read as follows:

"The carrier code from the MEDS 2100 transaction either matches or does not match the carrier code in CMS Net.

If the carrier code from the MEDS 2100 transaction is not preceded with the letter 'H' display carrier here (Insurance Coverage Screen).

If the carrier code from MEDS 2100 transaction is preceded with the letter 'H', check the COBOL copybook 'Katplan'. If carrier code from MEDS 2100 transaction is present on the 'Katplan' list, display carrier on the Healthy Families Coverage Screen, else, display carrier here (Insurance Coverage Screen)." (A copy of the COBOL copybook is located in Section 4 (Supporting Information) section of this document.)

Table 3-10, field 4a (Carrier), Case1 in the description column shall be modified to read as follows:

"The carrier code from the MEDS 2100 transaction either matches or does not match the carrier code in CMS Net.

If the carrier code from the MEDS 2100 transaction is not preceded with the letter 'H' display carrier on the Insurance Coverage Screen.

If the carrier code from MEDS 2100 transaction is preceded with the letter 'H', check the COBOL copybook 'Katplan'. If carrier code from MEDS 2100 transaction is present on the 'Katplan' list, display carrier here (Healthy Families Coverage Screen), else, display carrier on the Insurance Coverage Screen." (A copy of the COBOL copybook is located in the Section 4 (Supporting Information) section of this document.)

## 5.4 AMENDMENT 4

Amendment 4 is being created to delete the MEDS positions for the carrier codes in the carrier name fields in the data dictionaries and to include the Medi-Cal # MEDS position.

Tables affected:

Table 3-2

Table 3-3

Table 3-4

Table 3-6

Table 3-10

Table 3-2, field 6 (Medi-Cal #), include MEDS position: 11 in the description column.

Table 3-3, fields 6a-15a (Carrier), remove reference to the MEDS positions for the carrier code in the description column.



Table 3-4, fields 16b - 15b (Carrier), remove reference to the MEDS positions for the carrier code in the description column.

Table 3-6, field 3a (Medi-Cal #), include MEDS position: 11 in the description column.

Table 3-10, field 3 (Medi-Cal #), include MEDS position: 11 in the description column.

## 5.5 AMENDMENT 5

Amendment 5 is being created to correct the numbering for the Medi-Cal Coverage data dictionary.

Tables affected:

Table 3-6

The "MGD Name" field shall be modified to be identified by number 9a rather than 7a. Each field subsequent to that shall be reflected accordingly, each new field increasing by one.

## 5.6 AMENDMENT 6

Amendment 6 is being created to add a new field to the Healthy Families Coverage screen titled "Income Over \$40k?"

Tables and Figures affected:

Figure 3-14

Table 3-10

Figure 3-14 shall be modified to include a new field titled "Income Over \$40k?". This field shall be positioned on row 9 located to the right of field 3 (Medi-Cal #). This field shall be numbered 4 and each field subsequent to that field shall be renumbered accordingly.

Table 3-10 shall be modified to include this new field in the data dictionary. This field shall be Field #4, the Field Name shall be "Income Over 40k?", the length of this field shall be 1, the Type shall be Alpha, the required flag shall be set to 'Y' and the description shall read: "INCOME OVER 40K?, Valid values are 'Y' and 'N'. This field is used to identify families who have an income over \$40k.

## 5.7 AMENDMENT 7

Amendment 7 is being created to include the processing rules when a users chooses 'No' from the pop-up message displayed in Figure 3-6 for the Insurance Coverage Functionality and the Healthy Families Coverage Functionality portions of this document.

Sections affected:

Section 3.6.4.1.2

Section 3.7.4.1.2

Section 3.6.4.1.2 shall include the following instruction:

"If the user selects 'No' from the pop-up message displayed in Figure 3-6 the pop-up message shall close and the user is returned to the Insurance Coverage Screen."

Section 3.7.4.1.2 shall include the following instruction:

"If the user selects 'No' from the pop-up message displayed in Figure 3-6 the pop-up message shall close and the user is returned to the Healthy Families Coverage Screen."

## 5.8 AMENDMENT 8

Amendment 8 is being created to modify the instructions for the "Mother's Medi-Cal #" field on the Medi-Cal Coverage Screen.

Tables affected:

Table 3-6

Table 3-6, field 3b (Mother's Medi-Cal #) description portion shall be modified to delete the rule that states there cannot be duplicates and remove the error message issued. One mother can have multiple children and we need to allow for her Medi-Cal # to be entered for more than one client. Include the following rule:

If a duplicate Medi-Cal # is found display the following pop-up message:

<p>The following children have referenced this Mother's Medi-Cal #:</p> <p>Case: xxxxxx Wrong, Kid1 Case: xxxxxx Wrong, Kid2 Case: xxxxxx Wrong, Kid3</p> <p>(?) Quit</p>
---

The cursor shall land on the 'Quit' option and when the user depresses the 'Enter' key they shall be returned to the Medi-Cal Coverage Screen.

## 5.9 AMENDMENT 9

Amendment 9 is being created to include when the cross-reference checking takes place to eliminate the addition of duplicate Medi-Cal #'s.

Tables affected:

Table 3-6

Table 3-10

Table 3-6, field 3a (Medi-Cal#), description column shall include the following phrase:

"The cross-reference for duplicate Medi-Cal #'s is checked with the Medi-Cal information is entered in the Financial Eligibility Date or Insurance Date multiples of the system."

Table 3-10, field 3 (Medi-Cal #), description column shall include the following phrase:

"The cross-reference for duplicate Medi-Cal #'s is checked with the Medi-Cal information is entered in the Financial Eligibility Date or Insurance Date multiples of the system."